7.1.7.3 Complaint Appeal Form

ST. CLAIR COLLEGE OF APPLIED ARTS AND TECHNOLOGY

COMPLAINT APPEAL***

 $(to\ be\ completed\ by\ Appellant-PLEASE\ PRINT)$

APPELLANT (Individual Reques	sting				
Appeal) (please check one) Student Administrator	☐ Faculty Member	☐ SupportStaff	Other		
Last Name applicable)	First Name	Middle Name		Student No. (if	
Street	City/Town	Postal Code		Telephone#	
DECISION/PENALTY BEI	NG APPEALED				
Please provide brief description of co	nplaint, what and whose decision	ı is being appealed and wh	y you feel the decis	ion/penalty is unjust?	
_					
REMEDY REQUESTED					
gnature:					
(Appellant)			(Date)		

***FOR ACADEMIC GRADE APPEALS WHERE MISCONDUCT HAS NOT BEEN A FACTOR, PLEASE REFER TO THE ACADEMIC GRADE APPEAL POLICY.

APPEAL – STAGE ONE

Received by REGISTRAR'S OFFICE:	Date:
Received by IMMEDIATE SUPERVISOR:	
Copies to: DECISION/RESPONSE TO APPEAL (including reasons for appeal de	
SIGNATURE:(Immediate Supervisor of Original Decision Mak	
Date decision delivered to appellant:	
oute decision delivered to appendin.	
APPELLANT:	
\Box I accept the above appeal decision.	
☐ I do not accept the above appeal decision and re Appeal Hearing.	quest Stage Two Mediation/Conduct
☐ <u>I understand that it is my responsibility to submit</u> <u>Mediation/Appeal to the Registrar's Office with decision above.</u>	
SIGNATURE:	
(Appellant)	(Date
APPEAL – STAGE TWO	
Received by a Senior Administrator: Date:	
	Date:

7.1.7.4 Terms of Reference of Conduct AppealCommittee