



### APPEAL FORM

By filling in this form you are requesting to appeal a judgment made against you.

This form serves to begin the appeal process in relation to a judgment that has been made against you. This Form must be lodged to the Principal or Office Administrator within 7 days of you receiving a judgment.

A written response will be issued to you within 7 days.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_

Please detail in full, your reason for an appeal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**WE WILL BE IN CONTACT WITHIN 7 DAYS, THANK YOU**



*OFFICE USE ONLY*

Received by: \_\_\_\_\_ Appeal Number Issued: \_\_\_\_\_

Date: \_\_\_\_\_ Given to Principal: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Date issued: \_\_\_\_\_ Follow up date: \_\_\_\_\_

Specify improvement possible based on complaint: \_\_\_\_\_

\_\_\_\_\_