

Student Assessment Appeals Form
Standard Six

By filing in this form, you are requesting to appeal a judgement decision made against an assessment submission.

This form serves to begin the appeal process. This Form must be lodged to the Curriculum area Head of Department or **Office Administrator** within **7 working days** of you having received a judgement decision that you wish to appeal.

A written acknowledgement of receipt of your complaint/appeal will be forwarded within **5 working** days.

A written response will be issued to you within **14 working days**.

Date: _____

Your Name: _____

Contact Details: P: _____

E: _____

Please detail in full, your reason for an appeal.

Springfield Central State High School
RTO 40560

OFFICE USE ONLY

Received by: _____ **Appeal Number Issued:** _____

Date: _____ Given to <Position>: _____

Action Taken: _____

Date issued: _____ Follow up date: _____

Specify improvement possible based on complaint: _____
