



Koinonia Christian Academy Inc.

Grievance Appeal Form

This form is to be completed by the person who has a complaint, grievance or issue that has not been previously resolved within the School's Complaints and Appeals Policy.

NAME: _____

POSITION/COURSE LEVEL: _____

DATE OF GRIEVANCE APPEAL: _____

BRIEF OUTLINE OF GRIEVANCE OR CONCERN:

SUPPORTING EVIDENCE (If Necessary):

- | | | |
|---|-----|----|
| 1. Medical Certificate Attached (Circle Correct Answer) | YES | NO |
| 2. Parental Note Attached | YES | NO |
| 3. Other Supporting Evidence Also Attached | YES | NO |

SIGNATURE OF AGGRIEVED PERSON: _____ **DATE** _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE** _____

STUDENT CLASS TEACHER CONSULTED: YES NO

RECOMMENDATIONS OF THE PRINCIPAL AND/OR PASTOR (SCHOOL COUNSELLOR):

OUTCOME OF APPEAL:

AUTHORISATION OF PRINCIPAL/PASTOR: _____ **DATE** _____

AGGRIEVED PERSON NOTIFIED OF OUTCOME: DATE _____

N.B. Please attach copy of notification to this form