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Declaration

(Please tick before you sign)

☐ All the information provided in this form is correct and accurate to the best of my knowledge.

☐ I am happy to attend any meeting with relevant persons required to resolve the issue.

Signature:

Date:

Office Use Only

Complaint/Appeal Receiving Staff member:	
Date:	
Name of members in panel for resolving the issue	
Actions proposed:	

Declaration by complainant/Appellant

(Please tick before you sign):

- ☐ I acknowledge that I have been communicated the outcome of the complaint/appeal lodged by me.
- ☐ I agree to the decision made by the panel and happy to accept it.
- ☐ I disagree to the decision made by the panel and would like to escalate it to an external body, and I have been advised of all the required information in this regard.

Signature:

Date:

Print Name:

Signature of FUTURE ENGLISH representative:

Date:

Print Name: