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| **Complaints/Appeals form A logo of a school for boys  Description automatically generated** | **FOR CENTRE USE ONLY** | |
| Date received |  |
| Please tick box to indicate the nature of your appeal and complete all white boxes on the form below | Reference No. |  |

* Administrative error by the Centre
* Procedures not applied correctly.

| Candidate Name |  | Candidate Number |  |
| --- | --- | --- | --- |
| Qualification Type  Awarding Body |  | Teacher Assessed Grade issued |  |
| Subject |  | Unit/Paper Code |  |
| **Please state the grounds for your appeal below** | | | |
| Candidate signature: Date of signature: | | | |

**This form must be signed, dated and returned to jwoods@woolwichpolyboys.co.uk on behalf of the head of centre to the timescale indicated in the relevant appeals procedure**