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| **Complaints form (COVID-19)**  Summer 2020 awarding | FOR CENTRE USE ONLY | |
| Date received |  |
| Please tick box to indicate the nature of your complaint and complete all white boxes on the form below | Reference No. |  |

I have suffered from bias or discrimination during the school’s centre assessed grade process

Other

| Name of appellant | Click or tap here to enter text. | Awarding body | Choose an item. |
| --- | --- | --- | --- |
| Candidate name  if different to appellant | Click or tap here to enter text. | Qualification type  Subject | Choose an item. |
| Please state the grounds for your complaint below:  Click or tap here to enter text.  If necessary, continue on an additional page if this form is being completed electronically or overleaf if hard copy being completed | | | |
| Appellant signature: Date of signature: | | | |

This form must be signed, dated and returned to the exams officer on behalf of the head of centre to the timescale indicated in the internal appeals procedure