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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 nameif different to appellant | Click or tap here to enter text. | Qualification typeSubject | 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