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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**

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



### 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 PARAGON POLYTECHNIC representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_