

APPENDIX C

APPEAL AGAINST DISCIPLINARY ACTION

Please complete this form in full if you have been disciplined and wish to appeal against this decision. You may complete it personally or with your permission, your representative may complete it on your behalf.

Please return this form, together with any supporting documents to the Clerk/Adviser to the Hearing Officer/Discipline and Dismissal Committee **within 10 school working days** of being advised in writing of the outcome of the disciplinary hearing.

You must clearly state why you wish to appeal and specify why you disagree with the disciplinary decision. Please indicate below the grounds for your appeal:

- a) Appeal against the facts
- b) Appeal against the decision
- c) Appeal on procedural grounds
- d) New information is available

In all cases, you must give full details of your reasons for your appeal on Page 2 of this document. If you are appealing on the grounds that new information is available, you should also explain why this information has only just become available.

Please note that appeal cases will normally be structured around the grounds of your appeal and therefore will not be a rehearing of the original disciplinary case.

If, however, you wish to apply for a full rehearing of your case you must provide detailed reasons for your request in the space below. Your request will be considered by the chair of the Appeals Committee and you will be notified of the outcome within five working days following receipt of your appeal.

Please complete this section only if you are applying for a full rehearing of your case

My reasons for applying for a full rehearing of my case are as follows (Continue on a separate sheet if necessary):

Please provide the full names of any witnesses you wish to call	
Name 1.	
Contact number	
Address	
Name 2.	
Contact number	
Address	
Name 3.	
Contact number	
Address	
Name 4.	
Contact number	
Address	

If this form has been completed on behalf of the employee he/she must read it and/or have it read to him/her before he/she signs it.

Signature of Employee:	
Signature of Representative:	
Date:	

