Ad-Duha Institute	**APPEAL FORM**	Date Received by Office:

1. Personal Details

Full Name:

Relationship to Ad-Duḥā (e.g. parent, student, staff):

Email Address:

Phone Number (optional):

2. Details of the Concern

Name(s) of person(s) involved (if applicable):

Date(s) of incident or issue:

Please describe the concern clearly and factually:
(Include what happened, where, and any relevant context)

3. Steps Already Taken (if any)

Have you attempted to resolve this?
☐ **Yes** ☐ **No**

If yes, please briefly explain what steps were taken and the outcome:

4. Outcome Sought

What resolution are you seeking? (e.g. clarification, apology, review, reconciliation)

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5. Declaration

I confirm that the information provided above is true to the best of my knowledge. I submit this appeal with sincerity and the intention of resolution and improvement.

Signature: _____

Date: _____

Please submit this form to:
info@ad-duha.org.uk

All appeals will be handled confidentially and in line with the Ad-Duḥā Appeals & Reconciliation Policy.