

# Complaints & Appeals Form

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

Trainer: \_\_\_\_\_

## What is the nature of your concern? *(Please tick)*

- Attendance
- Fees
- Complaint
- Appeal of decision
- Other (Specify) \_\_\_\_\_

## Summary of Concern

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This is a true and accurate record of my appeal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of person receiving form

\_\_\_\_\_  
Name of person receiving form

Date received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A response will be communicated to you within 5 working days of receipt. Please ensure you attach any evidence that support your claims when sending the appeal through.