



Complaints & Appeals Form

Candidate Name _____ Candidate No: _____

Course Name: _____

Employer Name: _____

Employer _____

Address: _____

Contact person: _____

Position: _____

Contact Details: (phone/fax/email) _____

Date of Complaint/Appeal: _____

Nature of Complaint/Appeal: _____

Action to be Taken/Comments: _____ Date: _____

Signed: _____ Date: _____

(Educational Living Director)

Signed: _____ Date: _____

(Candidate)