APPEAL & COMPLAINT FORM

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you a learner?** | **Are you a staff** | **Are you a center?** | **Other (Explain** |
|  |  |  |  |
|  |  |  |  |

**Stage of Complaint**

**Section 1- Appellant | Complainant details**

|  |  |
| --- | --- |
| **Full Name of Appellant | Complainant:** |  |
| **Unique Learner Number: ( If Any)** |  |
| **Center Name & Number** |  |
| **Qualification Title & Number:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |

|  |
| --- |
| **Explain the decision against which appeal is made (Fill if Applies)** |
|  |

|  |
| --- |
| **Explain the Issue against which complaint is made (Fill if Applies)** |
|  |

|  |
| --- |
| **Ground of Appeal or Complaint** |
|  |

|  |
| --- |
| **Evidence to support your Appeal or Complaint** |
|  |
|  |

Note:

Evidence should be scanned and submitted electronically wherever possible

* Medical evidence must be from a qualified medical practitioner
* The evidence should be dated.

Date Signature

|  |
| --- |
| **Declaration** |
| I declare that all the information and the evidence that I have provided above are genuine and accurate to be shared for the purposes of hearing procedure. .  I confirm that I have read through the Appeal & Complaint Policy. |
|  |

----✂---------------------------------------------------------------------------------------------------------

**Section 4:**

***For Appeal Panel Use Only***

|  |  |  |
| --- | --- | --- |
| **Date received:** |  | |
| **Date considered:** |  | |
| **Respondent** | Assessment Board / Center /B-TIC / Other | |
| **Decision:** |  | |
| **Recommendation to Respondent** |  | |
| **Appeal Panel** | **Signed:** |  |
| **Date:** |  |
| **Date of notification to Appellant | Complainant** |  | |