APPEAL & COMPLAINT FORM

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| **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:** |  |

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| **Explain the decision against which appeal is made (Fill if Applies)** |
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| **Explain the Issue against which complaint is made (Fill if Applies)** |
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| **Ground of Appeal or Complaint**  |
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| **Evidence to support your Appeal or Complaint**  |
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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

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| **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.  |
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**Section 4:**

***For Appeal Panel Use Only***

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| **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**  |  |