

Record of Student Complaints & Appeals
(Please save the document on your computer)

Student Name:			
Address:			
Phone No:		Email:	
Qualification:		Location:	
Trainer:		Date:	

Provide details of the complaint below:

What is the reason for your appeal?

Student Signature:		Date:	
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OFFICE USE ONLY

Recommendation/Action:	Review the claims outlined in original email, analyse sequence of events, record actions taken and provide a resolution.

CEO:		Signature:		Date:	
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