

Candidate Complaints Form

Appendix A: Complaints Form: Stage 1

Candidate name		Telephone	number				
Tutor name		Service Manager					
Employer Name		Learning Site					
Line Manager Name		HR Cor	itact				
Programme of study and level		Date Com notified to					
Reason for complaint (attach supporting evidence as required)							
Centre decision and outcome:							
To be completed by the candidate: I agree with / wish to appeal against this decision (<i>delete as appropriate</i>)							
Candidates signature:		Date:					
Centre signature:		Date:					



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Candidate name		Telephone number				
Tutor name		Service Manager				
Employer Name		Learning Site				
Line Manager Name		HR Contact				
Programme of study and level		Date appeal notified to tutor				
Reason for Appeal						
Date appeal notified to Director						
Date, time, location of meeting with candidate		Date, time, location of meeting with assessor				
Director's decision:	Original assessment decision upheld / overturned (delete as appropriate)					
Reason for Director's decision:						
To be completed by the candidate: I agree with / wish to appeal against this decision (<i>delete as appropriate</i>)						
Candidate signature:		Date:				
Director signature:		Date:				

Appendix B: Complaints Appeal Form: Stage 2













