FOR CENTRE USE ONLY	
Date received	
Reference No.	

Canadainte and Anneala form		
Complaints and Appeals form	Date received	
Please tick box to indicate the nature of your complaint/appeal	Reference No.	
<ul> <li>□ Complaint/appeal against the centre's delivery of a qualific</li> <li>□ Complaint/appeal against the centre's administration of a</li> </ul>		
Name of complainant/appellant		
Candidate name (if different to complainant/appellant)		
Please state the grounds for your complaint/appeal below:		
If your grounds are lengthy, please write as bullet points; please keep to the names etc. and provide any evidence you may have to support what you say		
Your appeal should identify the centre's failure to follow procedures as set teaching and learning which have impacted the candidate	out in the relevant policy, and/or issues in	
If necessary, continue on an additional page if this form is being completed	d electronically or overleaf if hard copy being completed	
Detail any steps you have already taken to resolve the issue(s) and resolution to the issue(s)	what you would consider to be a good	

This form must be completed in full - an incomplete form will be returned to the complainant/appellant

Date of signature:

Complainant/appellant signature: