

Complaints and appeals form

FOR CENTRE USE ONLY	
Date received	
Reference No.	

Please tick box to indicate the nature of your complaint/appeal

- Complaint/appeal against the centre's delivery of a qualification
- Complaint/appeal against the centre's administration of a qualification

Name of complainant/appellant	
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Candidate name if different to complainant/appellant	
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Please state the grounds for your complaint/appeal below

If your complaint is lengthy please write as bullet points; please include relevant detail such as dates, 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 out in the relevant policy, and/or issues in teaching and learning which have impacted the candidate

Detail any steps you have already taken to resolve the issue(s) and what you would consider to be a good resolution to the issue(s)

Complainant/appellant signature:	Date of signature:
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