

Complaints & Appeals Form



MCFE

Date: _____ / _____ / _____

Student Name: _____

Class: _____

Trainer: _____

What is the nature of your concern? *(Please tick)*

- Attendance
- Fees
- Complaint
- Appeal of decision
- Other (Specify) _____

Summary of Concern

This is a true and accurate record of my appeal.

Signature

Signature of person receiving form

Name of person receiving form

Date received: _____ / _____ / _____

A response will be communicated to you within 5 working days of receipt. Please ensure you attach any evidence that support your claims when sending the appeal through.