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Complaints and appeals form		FOR CENTRE USE ONLY				
		Date received				
Please tick box to indicate the nature of you	r complaint/appeal	Reference No.				
<ul> <li>□ Complaint/appeal against the centre's delivery of a qualification</li> <li>□ Complaint/appeal against the centre's administration of a qualification</li> </ul>						
Name of complainant/appellant						
Candidate name if different to complainant/appellant						
Please state the grounds for your complaint/appeal below						
If your complaint is lengthy please write as bul dates, names etc. and provide any evidence you			de relevant detail such as			
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						
If necessary, continue on an additional page if th	is form is being completed elec	tronically or overleaf	if hard copy being completed			
Detail any steps you have already taken to resolution to the issue(s)	resolve the issue(s) and	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

Complainant/appellant signature:

Date of signature:

## Complaints and appeals log

Ref No.	Date received	Complaint or Appeal	Outcome	Outcome date