

# Appeals Handling Form

<b>Surname:</b>		<b>Title:</b>	
<b>First Given Name:</b>			
<b>Course title:</b>			
<b>Trainer / Assessor:</b>			
<b>Date of decision:</b>			
<b>Reason for your submission:</b>			
<b>Occurrences leading up to this request:</b>			
<b>What outcomes are you seeking or expect:</b>			
<b>Can we improve our system to avoid these situations in the future:</b>			

By signing this form, I certify that the information provided is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**General Manager to complete:**

Referred to CEO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Complainant notified in writing of acknowledgment by CEO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Complainant notified in writing of the investigation outcome: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Outcome:**

Resolved:    Yes    No

Corrective action taken: \_\_\_\_\_

\_\_\_\_\_

Version Number	Revision Date	Authorised By	Appeals Handling Form	
2.0	21/05/2025	General Manager	FPA-FRM-2010.02	Page <b>2</b> of <b>2</b>