

Appeals Progress Form

For Centre Use Only:	Comments
Learner name: Appeal No:	
Date of receipt of appeal:	
Notified of receipt of appeal advised to:	
QAC IQA trainer/assessor manager investigating officer learner	
Dates reports received:	
Learner:	
Trainer/Assessor:	
Internal Q A:	
Investigating Officer:	
QAC:	
Appeals Panel appointed:	
1)	
2)	
3)	
4)	
Complaint resolved: Yes/No	
Trainer informed of outcome: Date:	
Learner informed of outcome: Date:	
If unresolved date forwarded to Awarding Organisation:	\
Total working days response time from first receipt of appeal:	1
Quality Assurance Co-ordinator Signature: Date:	