

Complaints Form

Please complete the form below and e-mail to epa@skernassessments.co.uk where your complaint will be dealt with quickly, efficiently and confidentially. We will aim to respond to your complaint within 14 days of receipt of your completed form.

Name of complainant: _____

Date of complaint: ____/____/____

E-mail: _____

Contact details:

Address:

Mobile number: _____

Date of reported incident: ____/____/____

Incident location: _____

Complaint details:

If handwriting, please use a continuation sheet if required

Desired outcome:

If handwriting, please use a continuation sheet if required

Signature: _____

Assessment Result Appeals Form

Apprentice/Customer Name:	
Employer Name:	
Assessor Name:	
Quality Assurer:	
Date of Assessment:	

Date Assessment Decision	
Received:	
Date of appeal:	

Please enter the details of your appeal below:

Signature:

Assessor response:

Name:

Signature:

Evidence reviewed and outcome of decision:

Name:

Signature:

Position: