

**Appeal Against Assessment Decisions Form**

**Customer Information**

Name:

Address:

Phone Number:

Email:

**Product Information**

Training name:

Leading trainers name:

Training date and location:

**Formal Appeal**

Description of appeal:

Proposed Action:

Client Name/Signature/Date

EWA representative Name/Signature/Date

For EWA administration staff:

1. Please remember to register the complaint in the **EWA\_F\_009 Customer Complaints track record**