



## Complaint and Appeal Submission Form

This form is for submitting a formal complaint or appeal related to the Food Handler Certificate Training Program. Please complete all sections and submit via email to [complaints@homeoftraining.com](mailto:complaints@homeoftraining.com) within 30 calendar days of the incident or decision.

### 1. Submission Type

☐ Complaint

☐ Appeal

### 2. Your Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### 3. Details of Complaint or Appeal

Date of incident or decision: \_\_\_\_\_

Description of the issue or decision being appealed:

Relevant program, course, or assessment: \_\_\_\_\_

#### **4. Supporting Evidence**

List and attach any relevant evidence (e.g., emails, screenshots, documents) that support your complaint or appeal:

#### **5. Desired Outcome**

Please describe the resolution you are seeking:

#### **6. Declaration**

I declare that the information provided in this form is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_