



## Candidate Complaint Form

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

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

Contact Information: (phone/email/address)

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

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

Program/Cohort: \_\_\_\_\_

**Nature of the Problem:** (Give specific details; dates, time, etc.)

**Outcome:** (to be completed by the Program Coordinator)    **Date Resolved:**

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Coordinator

\_\_\_\_\_  
Date

Supporting documents attached