



## 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