



NOTICE OF APPEAL OR COMPLAINT

This form is for use of Test Administrators or Candidates who wish to appeal a decision made with respect to the Learn2Serve Food Handler, Food Manager, Food Allergy and Responsible Cannabis Vendor Training Courses.

When you have completed this form email to Learn2ServeCertified@360training.com

Copies of this form are available at: <https://www.360training.com/learn2serve/program-information>

Full Name of complainant: _____

I am a: Candidate Test Administrator

Proctor ID (Test Administrator) or Username (Candidate): _____

Date on which incident occurred (or best estimate): _____ (MM/DD/YYYY)

Address: _____

Phone: _____

Best time to reach you by phone: _____

Please indicate below the decision that you are appealing (attach documents as necessary). Attach additional sheets if needed for description.

Please indicate below the basis for your appeal (attach documents as necessary):

Attach additional sheets if needed for description



This box for 360training use only

Date Appeal Received: _____ Received by: _____

Date of Management Committee meeting: _____

Decision of Management Committee: _____

Notice of decision sent on: _____ Sent by: _____

Attach copy of decision notice to this form when filing.

File name	Notice of Appeal or Complaint Form	Date Created	11/13/17
Version	2020_V2	Date Approved	11/13/17
Author & Owner	360training.com	Date Revised	-