



Appeals/Complaints Form

Name:

Address:

Email:

Number:

Course ID:

Course Name:

Location:

Dates:

Details
of the
Complaint

Actions
taken to
resolve
Complaint

Outcome
sought
to resolve

Signature:

Date:

Please attach any evidence

 07773 021851

 you@blueberrywellness.co.uk

 www.blueberrywellness.co.uk

