

Name  Company/Site/Department

Email  Phone or Mobile

## Appeal information

Have you tried to resolve this with your current assessor?    Yes    No

Who is the current assessor that this appeal applies to?

Day phone  Mobile

**Outline your assessment appeal below, noting why you think you have been disadvantaged in the assessment process. (You may continue on a separate sheet if required).**

Once completed please send to the Quality Assurance Team @ [quality@primaryito.ac.nz](mailto:quality@primaryito.ac.nz)

On receipt of this appeal form, Primary ITO will contact you within 5 working days to acknowledge receipt and a decision of your appeal will be made within 15 working days of receipt.

### Primary ITO office use only

Receipt of Appeal by Quality Assurance Team

Name

Signature

Title

Date (DD/MM/YYYY)

### Appeal Decision

Primary ITO has considered this appeal and the decision is

Dismissed

Upheld

Name

Signature

Title

Date (DD/MM/YYYY)