

Attachment G

Training Provider Appeal Form

This status of the denial will become final unless you request an appeal within 20 days of receiving the adverse determination.

The appeal will be reviewed via the Unified Workforce Development System Complaint and Appeals Process. Please send the appeal to:

Complaint Office
MassHire Department of Career Services
100 Cambridge Street, 5th Floor
Boston, MA 02114

REQUEST TO APPEAL

Training Provider Name:	
FEIN:	TrainingPro ID #:
Contact Information:	
Name:	Title:
Email:	Telephone:
(please enter reason for appeal...)	
Print Name:	Title:
Signature:	Date: