**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 (see Issuance 100 DCS 03.101.1). Please send the appeal to:

Complaint Office

Department of Career Services

19 Staniford Street, 1st Floor

Boston, MA 02114

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REQUEST TO APPEAL

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| --- | --- |
| Training Provider Name: | |
| FEIN: | TrainingPro ID #: |
| Contact Information: | |
| Name: | Title: |
| Email: | Telephone: |
| (please enter reason for appeal…) | |
| Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |