PADI RTO Appeals Form



Person Making A	.ppeal (Appellant):		
Course:			
		Ph. / Mobile:	
Details of Appea	I		
(Complete where	ever applicable. If not	applicable write 'N/A')	
Date:	Time:	Location:	
Persons Involved	(Other than the pers	on notifying):	
		ase detail it step-by-step)	
	, ,	. , .,	
Other relevant in	ıformation		
What, if any, par	ticular response or ac	tion does the person making the Complaint seek or expe	ct?

What initial action is proposed by PADI and would be acceptable to the client to resolve the appeal?				
(If no mutually acceptable action to resolve the appeal can be agreed upon write 'No Agreement')				
The above Statement of Details is a fair and accurate record of our interview.				
Signature Complainant:				
Signature PADI Representative:				
Date:				
The above action proposed to resolve the appeal is approved.				
Name Authorised Officer:				
Signature Authorised Officer:				
Position:				
Date:				