

## DECISION REVIEW FORM

Use this form to request a formal decision review process. Your completed form should be submitted within 20 business days of the date the original decision was communicated to you. A member of the Executive Leadership Team will respond to you within one business day of receiving your request.

YOUR INFORMATION:	
Name:	Gender: M F
Company Name: (if applicable)	
Address:	
Phone Number:	
Email:	
Are you requesting a review of a financial decision?	
If yes, please include: <ul style="list-style-type: none"><li>• The date of your original request</li><li>• What was requested and why</li><li>• The staff member who denied your request</li><li>• Why you disagree with the decision</li></ul>	
Please provide details about your problem or concern and the steps that you have taken to resolve it.	

How do you want this issue resolved? Be as specific as possible.

Please submit your completed form by email to:

Diana Delgado  
VP Employment Programming  
diana.delgado@training-innovations.com

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**For Internal Use**

<b>PROGRAM MANAGER INFORMATION</b>	
Reviewed By:	
Signature:	Date:
<b>VP CAREER SERVICES INFORMATION</b>	
Reviewed By:	
Signature:	Date: