

APPENDIX 13

APPEAL FORM

Date:		DD YYYY
APPELLANT Name of the Appellant:		
Age of Appellant:	0	
াdress of Appellant:		
Telephone Numbers of Appellant:	Home: Work: Other:	(
Fax Number of Appellant:		()
E-Mail of Appellant: REPRESENTATIVE Name and Coordinates of	K	1
the Representative, if any	= ,	

MARCH 2011

(including phone numbers):	Home: () - Work: () - Fax: () - E-mail:	<u> </u>
DECISION		
What decision or practice do you wish to appeal?	A	
	MI.	
Why do you think the		
decision is wrong or unfair?		
		+
When was that decision taken?	MM DD YYYY	
RESPONDENT		
Who made the decision?	N.	
. 75		
GROUNDS		
 Grounds for the Appeal (arguments); 		
and		
- Summary of the evidence that supports these grounds	40/	

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Rules & By-Laws, Audio-Visual, etc).	
	7:
When available, please provide the name(s) and contact information of any Member of might be potentially affected by the decision of the Appeal Panel	Name: Coordinates:
VITNESSES List of Witnesses to be called at the hearing;	Witness N° 1: Name:

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- Coordinates of the witnesses (includin	
phone numbers); and - Summary of evider be provided by eac them.	
	Witness N° 3: Name: Coordinates:

Summary of evidence:

-semedy	
What action or decision do you want GCG to take or make to correct the situation?	
LANGUAGE	
In which language (French or English) do you wish to present your case?	
<u>signature</u>	Claimant's name:
	Claimant's signature
	Date

March 2011



1ARCH 2011