

**APPENDIX 13****APPEAL FORM**

Date:

 MM DD YYYY
APPELLANT

Name of the Appellant:

Age of Appellant:

Address of Appellant:

Telephone Numbers of
Appellant:Home: (____) _____ - _____Work: (____) _____ - _____Other: (____) _____ - _____

Fax Number of Appellant:

(____) _____ - _____

E-Mail of Appellant:

REPRESENTATIVEName and Coordinates of
the Representative, if any

(including phone numbers):

Home: () -

Work: () -

Fax: () -

E-mail: _____

DECISION

What decision or practice do you wish to appeal?

Why do you think the decision is wrong or unfair?

When was that decision taken?

____ - ____ - ____
MM DD YYYY

RESPONDENT

Who made the decision?

GROUNDS

- Grounds for the Appeal (arguments); and
- Summary of the evidence that supports these grounds (Documents, Pictures,

Rules & By-Laws,
Audio-Visual, etc).

AFFECTED PARTY

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: _____

WITNESSES

- List of Witnesses to be called at the hearing;

Witness N° 1:

Name: _____

- Coordinates of these witnesses (including phone numbers);
- and
- Summary of evidence to be provided by each of them.

Coordinates: _____

Summary of evidence:

Witness N° 2:

Name: _____

Coordinates: _____

Summary of evidence:

Witness N° 3:

Name: _____

Coordinates: _____

Summary of evidence:

REMEDY

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?

signature

Claimant's name:

Claimant's signature

Date

