



**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:

\_\_\_\_\_

**REPRESENTATIVE**

Name 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,

---

---

---

---

---

---



- 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

---

