

RINGETTE ONTARIO APPEAL REQUEST FORM

Contact Information of Individual Requesting Appeal (Appellant)

First Name	Last Name
Email Address	Address
Province	Postal Code
Region	Association

Your Position

🗆 Coach 🛛 🖓 🖓	Official 🛛 🗆 Admir	nistrator 🛛 🗆 Par	ent 🛛 Athlete
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Grounds for Appeal – Please check all that apply

The Appellant must provide clear and substantial evidence to prove one or more of the grounds for appeal listed below. Simply not agreeing with the decision being appealed is not grounds for appeal and will not be heard.

Exceeding Jurisdiction: Made a decision that it did not have the authority or jurisdiction (as set		
out in the Respondent's governing documents) to make		
Failure of Due Process: Failed to follow its own procedures (as set out in the Respondent's		
governing documents)		
Bias: Made a decision that was influenced by bias (where bias is defined as a lack of neutrality to		
such an extent that the decision-maker appears not to have considered other views)		
Misapprehension of Fact : Failed to consider relevant information or took into account irrelevant		
information in making the decision		
Made a decision that was grossly unreasonable		

Please ensure that the following information has been included prior to sending your appeal:

\$500 Request for Appeal Fee (cheque to be made out to Ringette Ontario and mailed to the office at 2-157C Harwood Ave. North, PMB #228, Ajax, ON. L1Z OB6.

All materials directly related to the appeal (Email communications, meeting minutes, etc.).

Clearly laid out timelines, with identified individuals (full name, roles, associations) involved in the event being appealed.

Stated remedy or remedies expected

Name (Please Print)	Signature	Date