Indian and Northern Affairs Canada | Affaires indiennes et du Nord Canada

ADMINISTRATIVE REVIEW DECISION AND REQUEST FOR APPEALS COMMITTEE HEARING

PRIVACY ACT STATEMENT

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Date of Hearing (year/month/day):
Place and Address of Hearing:

• Please complete in full • Please print clearly

1. DECISION UNDER APPEAL

Appellant's Name: _____, _____
(Last Name) (First & Middle Names)

Decision Under Appeal:

2. FINDINGS OF THE APPEALS HEARING COMMITTEE

The Policy and Procedures of the Social Development Program were applied ☐ **Correctly** ☐ **Incorrectly**

Reason(s) for the above findings (attach additional pages, if required):

3. RECOMMENDATIONS

4. SIGNATURES OF APPEALS COMMITTEE MEMBERS

The findings and recommendations were reached ☐ Unanimously ☐ By majority (Attach the dissenting opinion to the form)

Chairperson: _____ _____ (_____) _____
(Print Name) (Signature) (Telephone No.)

Appellant's Nominee: _____ _____ (_____) _____
(Print Name) (Signature) (Telephone No.)

Administering Authority Nominee: _____ _____ (_____) _____
(Print Name) (Signature) (Telephone No.)

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