



APPEAL APPLICATION FORM

This form must be received in the OWHA office, together with the Appeal fee of \$200.00, in cash or by cheque payable to the “Ontario Women’s Hockey Association”, within the time frame the decision sought to be appealed was sent to the Applicant as outlined in the OWHA Handbook. If the OWHA determines that the proposed Appeal does not qualify for a Hearing, or if the Appellant withdraws the Application, the Appeal Application fee, less a \$50.00 administration fee will be refunded.

By completing this form, you agree that the OWHA will share some, or all of the information in the process of resolving the complaint.

1. Name of person making application for appeal (APPELLANT):

First Name:		Last Name:	
Address:		City:	Postal Code:
Home Telephone:	Work Telephone:	Cell Number:	
E-Mail Address:		Fax Number:	

2. Name of Organization or person whose decision is being appealed (RESPONDENT)

Organization/Person:	Contact Person:
Address:	City and Postal Code:
Telephone Number:	Cell Number:
E-Mail Address:	Fax Number:

3. Please check the appropriate box and then proceed to the number(s) indicated.

<input type="checkbox"/>	Release - please complete number 5.
<input type="checkbox"/>	Decision of the Categorization Committee - please complete number 5.
<input type="checkbox"/>	Suspension of supplementary games above the minimum suspensions as per the OSHA Suspension Policy - please complete numbers 4. and 5.
<input type="checkbox"/>	Any other decision – please complete numbers 4. and 5.

4. You must indicate the issue(s) or reason(s) why you are appealing the previous decision(s). If appropriate, you may select more than one box.

<input type="checkbox"/>	The decision is in conflict with <input type="checkbox"/> Constitution Article No. ____; <input type="checkbox"/> By-Law Article No. ____; <input type="checkbox"/> Regulation No. ____; <input type="checkbox"/> Rule No. ____ and/or Policies ____ and may have had a material impact on the decision rendered.
<input type="checkbox"/>	The party making the decision committed a material procedural error, or failed to provide a fair process that may have had a material impact on the decision rendered.
<input type="checkbox"/>	The party making the decision did not have the authority or jurisdiction to make the decision.
<input type="checkbox"/>	The party making the decision made or adapted an error of fact that may have had a material impact on the decision rendered.

5. Facts supporting Application: What you must include with this Application Form:

As an attachment to this Application, please include condensed and in numbered paragraphs:

- the grounds for Appeal
- how the Appeal qualifies under the relevant issue(s) or reason(s) above (not applicable when appealing a Release or a decision of the Categorizing Committee)
- the supporting facts
- the desired outcome of the requested Appeal
- pertinent documents from the original Hearing or process must be attached.

Signing Officer Name (if applicable):	Association/Team Name:	Signature:

Please ensure that you have completed this form in full. Incomplete Applications may not be processed. If you have any questions, please contact the OSHA Office at 905-282-9980.

FOR OFFICE USE ONLY:

Date Received:	OWHA Staff Signature:	Fee Received:	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque No. _____
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