

Notice of Appeal

To start your appeal, you only need to send this completed form within **7 business days** of receiving the ministry's reconsideration decision.

APPELLANT INFORMATION		
NAME	CASE NUMBER	RECONSIDERATION SERVICE NUMBER
MAILING ADDRESS: <i>(Information about your appeal will be sent to the address you submit unless you provide a different address)</i>		CITY
		POSTAL CODE
		TELEPHONE NUMBER
EMAIL ADDRESS:	I CONSENT TO COMMUNICATING WITH THE TRIBUNAL VIA EMAIL: <i>(Please Check)</i>	
RECONSIDERATION DECISION RECEIVED ON	Month	Day Year
REASONS FOR APPEAL		
Tell us why you disagree with the Ministry's reconsideration decision: <i>(The Tribunal will obtain a copy of the record of the Ministry's decision)</i>		
TYPE OF APPEAL HEARING	SUPPORT AT YOUR HEARING	
<i>(The Tribunal will attempt to accommodate your request)</i>	<i>(You may bring an interpreter, for example, a friend or family member to your hearing)</i>	
I would like my appeal to be held (select one):	Do you require the Tribunal to arrange for an interpreter? Yes	
Oral in person	If yes, what language or dialect?	
Oral by telephone	Do you require a hearing room with wheelchair access? Yes	
In writing	What other disability supports do you require?	
YOUR SIGNATURE	DATE (MONTH/DAY/YEAR)	

Send the completed Notice of Appeal form to:

Employment and Assistance Appeal Tribunal
PO Box 9994 Stn Prov Govt Victoria BC V8W 9R7
Toll Free Fax: 1-877-356-9687
Fax in Victoria: 250-356-9687
Email: info@eaat.ca

Questions? Call Toll Free: 1-866-557-0035, or in Victoria: 250-356-6374