

Employment and Assistance Appeal Tribunal British Columbia Notice of Appeal

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

Appellant Information					
Name		Case Number		Reconsideration Service Number	
Mailing Address: <small>(Information about your appeal will be sent to the address you submit unless you provide a different address)</small>			City		Postal Code
			Telephone Number		
Email Address:			Do you consent to communicating with the Tribunal via email? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What are your pronouns (check one): he/his <input type="checkbox"/> , she/her <input type="checkbox"/> , they/their <input type="checkbox"/> , other: _____					
Reconsideration decision received on: Month _____ Day _____ Year _____					
Reasons for Appeal Tell us why you disagree with the Ministry's reconsideration decision: <small>(Provide a brief summary or add pages. You can give us more information and evidence after you submit this form if you need to. You do not need to send us a copy of the Ministry's reconsideration decision as we will get a copy from the Ministry.)</small>					
Type of Hearing <small>(The Tribunal will attempt to accommodate your request)</small>		Support at Hearing <small>(You may bring an interpreter, for example, a friend or family member to your hearing)</small>			
I would like my appeal to be held (select one): Oral: In person <input type="checkbox"/> Telephone <input type="checkbox"/> Video-conference <input type="checkbox"/> In writing <input type="checkbox"/>		Do you require the Tribunal to arrange for an interpreter? Yes <input type="checkbox"/>			
		If yes, what language or dialect?			
		Do you require a hearing room with wheelchair access? Yes <input type="checkbox"/>			
		What other disability supports do you require?			
Your signature			Date (Month/Day/Year)		

Questions? Call Toll Free: 1-866-557-0035

Mail your completed form to: PO Box 9994 Stn Prov Govt, Victoria, BC V8W 9R7 or email to eaat@eaat.ca

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act*, the *Employment and Assistance for Persons with Disabilities Act* and the *Child Care Subsidy Act*. The disclosure of this information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of this information, please contact the Employment and Assistance Appeal Tribunal.

Living and working with gratitude and respect on the traditional territories of Indigenous peoples in British Columbia

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EAAT001 (21/03/19)