

**1** My name is \_\_\_\_\_, name

My address is \_\_\_\_\_, address

My telephone number is \_\_\_\_\_, telephone number

**2 Person Appealing Decision**

(Check one)

I am  a person who has been affected by a decision of a Community Board.

the guardian under the *Dependent Adults Act* of \_\_\_\_\_, name of dependent adult  
who is a person who has been affected by a decision of a Community Board.

the agent under the *Personal Directives Act* of \_\_\_\_\_, name of maker of personal directive  
who is a person who has been affected by a decision of a Community Board.

**3 Decision to be Appealed**

I am appealing a decision of \_\_\_\_\_, name of board

The decision I am appealing is \_\_\_\_\_, set out date of decision and a summary of the decision being appealed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

yyyy mm dd

I received the decision and the right to appeal on \_\_\_\_/\_\_\_\_/\_\_\_\_, date

My reasons for appealing the decision are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4 Dispute Resolution**

I understand that before proceeding with a formal hearing of my appeal this matter can be referred to a dispute resolution process to attempt to resolve the matter.

I agree to having my appeal referred to a dispute resolution process.

I do not agree to having my appeal referred to a dispute resolution process.

yyyy mm dd

\_\_\_\_\_  
Signature of person affected by the decision or guardian or agent, whichever is applicable

\_\_\_\_/\_\_\_\_/\_\_\_\_, date

**Mail or fax completed  
Notice of Appeal to:**

Persons with Developmental Disabilities  
Appeals Secretariat  
Alberta Seniors and Community Supports  
3rd Floor, Standard Life Centre  
Suite 350, 10405 Jasper Avenue  
Edmonton, AB T5J 4R7  
OR Fax to: 780-644-2521