



Appendix B Competition Appeal Form

Email Print Save Reset

Date:

Date of receipt of notice of regret: _____

Applicant Information

Name of Applicant	Address	City/Town	Prov/Territory	Postal Code
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Competition Information

Regional Office	Address
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Position Code	Position Title	Department of Position
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Competition No.	Name of Staffing Consultant	Unionized or Non-unionized
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Type of Appeal	Attendance at Hearing
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Reason(s) for appeal/perceived violation