

SAIBA Complaint Appeal Form

Before completing this form, please read the Complainant's Guide to Disciplinary Procedures. The decision of the Disciplinary Committee shall be final and binding on SAIBA and the Appellant. The Appellant shall have a limited right to appeal any such decision in the following circumstances only:

- 1. the Appellant shall notify SAIBA of its intention to appeal the Disciplinary Committee's decision in writing by completing the appeal form and submit to SAIBA within 5 (five) business days of receipt of the decision;*
- 2. SAIBA shall appoint an advocate of its choice to review the complaint, the investigation and the decision, together with all documents received from the parties since the inception of the complaint;*
- 3. such advocate's decision shall be final and binding on the Appellant and the SAIBA and not subject to further appeal; and*
- 4. all of the costs of such appeal incurred by SAIBA shall be borne and paid for by the appellant and SAIBA shall be entitled to request the appellant to pay such costs upfront as a condition of referring the appeal for adjudication. SAIBA will obtain cost estimation from the advocate and the appellant will be invoiced accordingly.*

Take note that SAIBA entirely relies on the information furnished by the appellant to effectively review the appeal. SAIBA does not have the authority to presume the facts, therefore it is important to furnish all the relevant information to assist in dealing with the appeal.

APPELLANT DETAILS

1.1 Title: Mr. Mrs. Ms. Miss Other

Forename

Surname

Address

Postcode Tel (home)

Tel (work) Tel (mobile)

Email Address

Membership Number

Complaint Reference

I hereby appeal against the decision taken by SAIBA, as I am of the opinion that:

- disciplinary outcome is too severe*
- grievance outcome is wrong*
- disciplinary procedure was wrong or unfair*
- Other(specify)*

Please provide details as to your appeal, as well as supporting documents, if necessary (you can use an additional page(s) for more information):

Appellant

I confirm that the information contained in this document is true and correct.

Signature: _____

Date: _____

OUTCOME OF REVIEW ON APPEAL RAISED (for office use only)

Appeal is considered to be valid: Yes No

Findings:

Remedial Action:

Not Applicable

Other (please specify)

Conclusion:

Remedial Action Due Date: _____

Remedial Action to be Completed by : _____

Moderator: _____

Sign Date

Membership Manager: _____

Sign Date