

FORM TITLE: SUBMISSION TO THE APPEALS COMMITTEE



In accordance with the disciplinary policy (clause 5.4.4.1) allegations must be received on the form below to provide a submission to the Appeals Committee.

This form must be received not less than 5 days prior to the date of the hearing.

Forms must be received via:

Email: admin@bowlsaustralia.com.au
Post: PO Box 52
NORTHCOTE, VIC 3070; or
Fax: 03 9495 0194

Section 1 | Contact information

I am:

- The defendant.
- The complainant.
- Controlling body.
- Member state of the defendant/complainant _____

Registration Number: _____

Title: _____ Given names: _____

Surname: _____

Email address: _____

Address: _____

Suburb: _____ Postcode: _____

State/territory: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Fax: _____

Advised hearing date and time: _____

Advised venue: _____

- I will be attending the hearing.

- I will not be attending the hearing, but will be represented by _____ . I confirm that _____ is not legally qualified.
- I will have a support person at the hearing. The support person's name is _____ .
- I will not have a support person at the hearing.

Section 2 | Reasons for appeal

Provide a summary of your version of events and information surrounding the appeal.

Signed By: _____

Date: _____