



Community Care and Assisted Living Appeal Board

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Notice of Appeal

To file your appeal, complete all sections of this form and submit to the Community Care and Assisted Living Appeal Board (CCALAB). Unless the legislation says otherwise, a notice of appeal must be filed **within 30 days** of the decision being appealed. If the appeal will be filed later than 30 days, you **must** apply to extend the time to file the appeal (see Schedule 1 on last page of this form).

Section 1: Appellant Information

Last Name (if Individual is appealing)		Organization Name (if Organization is appealing)	
First Name (if Individual is appealing)	Pronouns (for Individuals) <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> _____		
Address		City	Postal Code
Email		Telephone	

Section 2: Representative Information (if applicable)

Last Name		First Name	
Pronouns <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> _____			
Organization (if applicable)			
Address		City	Postal Code
Email		Telephone	

NOTE: The email(s) and/or address(s) above are the presumed addresses for the delivery of documents from the CCALAB and other parties, unless you specify otherwise.

Section 3: Decision Under Appeal

Who made the Decision?

Date of the decision	When did you receive the decision?
<input type="checkbox"/> I confirm I have included a copy of the decision I wish to appeal or, if not, I have included an explanation why I have not done so.	

Section 5: Special Handling

<input type="checkbox"/> I need to be contacted promptly to discuss special handling of my appeal (for example, a decision to temporarily stop the decision while the appeal is underway, or if there are disabilities that need to be accommodated).

Section 4: Reason for the Appeal (attach more pages if needed)

Please explain why you believe the decision is wrong and should be changed.
What result are you seeking from an appeal? (What do you want the CCALAB to order at the end of the appeal?)

Section 6: Authorization

By signing below or checking the provided box, I confirm the information I have provided is, to the best of my knowledge, accurate and complete. I also understand that:

- I (or my representative) must be available to respond to questions from the CCALAB during the life of my appeal, and I (or my representative) must advise the CCALAB, as soon as possible, of any changes to my (or my representative's) address or contact information, or the delivery address;
- my appeal can be dismissed if I fail to respond to questions or directions from the CCALAB within a reasonable timeframe; and
- I acknowledge and consent that the CCALAB may disclose the information contained in this form in accordance with its Rules.

Signature	Date
I am checking this box in place of signing this form. This amounts to a legal signature and confirms my acknowledgement and agreement with the requirements outlined in this Section.	

Schedule 1: Application to Extend the Time to File an Appeal (only complete if applicable)

If you are filing this appeal later than 30 days after the decision being appealed, you **must** apply to the CCALAB to extend the time to file the appeal. **Please explain the reasons why this appeal is being filed late and provide any special circumstances that the CCALAB should consider in making its decision on the extension request.** Use additional pages if required.