

**Application for Appeal of a CIPHI Executive Member - Conflict of Interest**

**An Appeal must be filed within 30 calendar days of notification of the Executive Member of the Conflict of Interest.**

Date:

Dear Sir or Madame,

I would like to submit an Appeal of the conflict of interest allegations that have been made against me in regards to my position as an Executive Member of CIPHI.

Section 1: Appellant Contact Information

Name	
Certificate Number	
Date of Certification (Month / Year)	
Mailing Address	
Phone Number	
Email Address	

Section 2: Statement of Appeal and Supporting Documentation

<p style="text-align: center;"><b>INSTRUCTIONS</b></p> <p>There are only 3 acceptable grounds for appeal which are listed in the column to the right.</p> <p>Indicate which ground your appeal is based on.</p> <p>You <b>MUST</b> provide a clear explanation as to the circumstances that lead to you choosing this ground for appeal or your appeal will not be reviewed.</p> <p><b>NOTE:</b> If an appeal is allowed solely due to a process error on the part of CIPHI the appeal fee will be refunded to the appellant</p>	<p style="text-align: center;"><b>GROUND FOR APPEAL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There was insufficient evidence available to establish that a conflict of interest existed</li> <li><input type="checkbox"/> the alleged violation was outside the scope of policy #26 conflict of interest guidelines</li> <li><input type="checkbox"/> There were significant irregularities in conflict-of-interest process that adversely affected the outcome of the review.</li> </ul>
<p><b>Explanation</b></p> <p>Please provide a clear explanation in this section as to the circumstances that lead to you choosing this ground for appeal.</p>	
<p><b>Supporting documentation (optional)</b></p> <p>If supporting documentation is submitted with the appeal, please list it here.</p>	<p>List of supporting document submitted:</p>

Contact Information

I agree that the contact information provided here is correct, and agree to be contacted through either email, phone, or registered letter, as appropriate.

**To submit an appeal, please forward the completed form by mail to:**

**CIPHI Office  
#720 – 999 West Broadway  
Vancouver, BC V5Z 1K5**

Or by e-mail to: office@ciphi.ca

Name: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Appeal Number: <year-number>

- Appeal is complete and will be forwarded to the ARC.
- Appeal will not proceed: \_\_\_\_\_



#720 – 999 West Broadway, Vancouver BC V5Z 1K5  
Phone: 604-739-8180 Fax: 604-738-4080  
Toll Free Phone: 1-888-245-8180  
E-mail: office@ciphi.ca

### **Appeal Review Application Fee**

**If paying by credit card complete the following:**

Credit Card: VISA  MasterCard  American Express

Card #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date: \_\_ / \_\_ CVV: \_\_\_\_

Amount to be processed: \$75.00 + Tax = \$ \_\_\_\_\_

Product Description: Appeal Review Application Fee

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

HST/GST Registration Number: 100766484

## Appeal Process Flowchart

