

Occupational Health and Safety Council

REQUEST FOR REVIEW QUESTIONNAIRE

APPELLANT IDENTITY (please print)		
Name		
Address		
City		Postal Code
Home Phone	Business Phone	Fax
		Email
Please identify any special needs:		
Please advise which dates you are NOT available in the next 90 days		
Please return the questionnaire duly signed and dated to:		
Director of Inspection Alberta Employment and Immigration 6 th Floor, 727-7 th Avenue SW Calgary, Alberta T2P 0Z9	OR	Director of Inspection Alberta Employment and Immigration 10 th Floor, Capital Health Centre, South Tower 10030-107 Street Edmonton, Alberta T5J 3E4

What are you appealing? (Please check one)
<input type="checkbox"/> Order of an Officer (<i>s.16-OHS Act</i>) <input type="checkbox"/> Cancellation/Suspension of License or Permit (<i>s. 16-OHS Act</i>) <input type="checkbox"/> Ruling from Dismissal/Disciplinary Complaint Investigation (<i>s. 37-OHS Act</i>) <input type="checkbox"/> Ruling from an Imminent Danger Complaint Investigation (<i>s. 35-OHS Act</i>)

I certify that the information provided in this questionnaire is true and accurate to my knowledge.

Signature

Date

6. Please indicate one or more actions that you deem appropriate.
(To be completed if you are appealing a disciplinary action complaint investigation.)

- Reinstatement to your former employment under the same terms and conditions under which you were formerly employed.

- Cessation of disciplinary action.

- Payment of money not more than the equivalent wages that you would have earned if you had not been dismissed or had not received disciplinary action.

- Removal of any reprimand or other reference to the matter from your employment records.

Please note: This document will be shared with other parties involved in this appeal.