



SHAW THAN NA KUTTHAT DAW
So things could go better

Kwanlin Dün First Nation Judicial Council Application for Appeal or Review

JC Rules Part One s.8(2) / Part 8 s.29(1)

Are you a KDFN Citizen and/or Beneficiary? Yes No
Constitution of KDFN s.56(1)

Who are you and how can we contact you?

Name: _____
Last Name First Name Middle Name(s)

Mailing Address: _____
City Territory Postal Code

Street Address: _____
 same as above OR City Territory

Telephone: _____
Home Phone Number Work Phone Number Cell Phone Number

Email Address: _____

What are you appealing or requesting a review of?

I am appealing (please check one of the following):

An action taken – describe the action taken:

A review of a decision made – describe the decision:

Who made the decision or took the action? (please check one)

Chief and Council

A Kwanlin Dün First Nation Employee (if more than one employee, document the following information for all involved and provide on a separate page attached to this form)

Name of the Employee: _____

Position of the Employee: _____

Employee Phone Number: _____

A Kwanlin Dün First Nation Committee or Tribunal

Name of Committee or Tribunal: _____

What was the date of action taken or decision made?

Day _____ Month _____ Year _____

Is there a copy of the decision or notice of action taken?

Yes (please attach to this form)

No

Why are you appealing this decision or action taken?

Please describe the facts around the decision or action that was taken. Include dates, times, names, witnesses and a description of events or actions that are relevant to this appeal.

Separate page(s) can be attached if preferred rather than filling out the area for this question below.
