FORM C

APPLICATION FOR LEAVE TO APPEAL

COMPLAINT REFERENCE NUMBER

You are completing this form because you want the MCM’s Ethics, Complaints and Disciplinary Committee (ECDC) to review a ruling of the Ombudsman.

GROUND FOR SAYING THE OMBUDSMAN WAS WRONG – FACTS
(Explain where in the ruling the Ombudsman made wrong factual findings)
GROUND FOR SAYING THE OMBUDSMAN WAS WRONG – CODE
(Explain where in the ruling the Ombudsman made wrong findings in applying the code)

Name: __________________________________________

________________________________________

Signature: _________________________________

COMPLAINANT

Name: __________________________________________

________________________________________

Signature: _________________________________

WITNESS