

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:	Date	
Signature:		
COMPLAINANT		
Name:	Date	
Signature: WITNESS		