[RSPO logo]	Appeals Submission Form	Code	
		Approved by	
		Date of Approval	
		Version	1.1

RSPO APPEAL SUBMISSION FORM

In order to submit an appeal the appellant may fill in this form, sign and send it to [email address]

Information about the appellant			
Name of the appellant (individual or organization)			
Organization's contact person			
Postal address	[Include street and number, city, province/state, area code, and country]		
Email address			
Phone number	[Specify if mobile or landline]		
Fax number			
Website			
Do you need any particular forms of support in the appeals process (please specify at right and provide additional information as appropriate)?	 ☐ Translation and interpretation ☐ Communication with female staff ☐ Protection of identity from RSPO member (in the case of safety concerns) 		
	on about the appeal		
Number/reference or name of complaint decision being appealed			
Description of the appeal	[Provide concise summary of the appeal]		
Grounds of the appeal (choose from the following options)	☐ There was a procedural impropriety in reaching the Complaints Decision ☐ The reasoning for the Complaints Decision was not disclosed ☐ There was a substantial and manifest error in the reasoning disclosed for the Complaints Decision ☐ One or more of the parties involved in making the Complaints Decision had a conflict of interest ☐ The Complaints Decision did not take into consideration substantial evidence that was submitted by the Appellant prior to the Complaints Decision that could have supported an alternative decision being made		
Provide objective evidence (or attach additional files) to support the appeal.			
Steps that were taken to resolve the issue	[Provide timeline of steps taken to date, if any, indicating		
prior to lodging the appeal, if any	responses received, etc.]		
Agreement to pay the costs of the appeal process, as allocated by the Appeal Panel	YES		
Agreement to adhere to all the terms and provisions of the RSPO Appeals Mechanism Procedure	YES		
Date and place of Submission			
Signature of Appellant			

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[Approval date]

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