



Appeal Form

Name: _____

Contact number (VP number or email address): _____

ASLTA Member? YES ☐ NO ☐

Date of file: _____

Grievance Case Number: _____

Reason(s) for appeal: (please print clearly)

[illegible]

*Are there more supporting documents? YES ☐ NO ☐

Are the supporting documents attached with this letter? YES ☐ NO ☐

If not, how are you sharing the supporting documents?

Are there any witnesses? List their names and email addresses.

Signature: _____ Date: _____

*Not required but recommended for thorough investigation purposes.

NOTE: The appeals must be filed AFTER the decision from the investigation regarding the grievance filed is complete. All members of ASLTA have 15 calendar days to file for an appeal should they disagree with the conclusion of the investigation.