## **Form 2: Report from decision maker on the decision being appealed**

This form is required to be submitted to the Appeals Body within 4 weeks of their request.

**You may email this form directly to** **appeals@womensequality.org.uk** **or mail the report to:**

Appeals Body – Confidential

C/O Studio 18

Blue Lion Place

London SE1 4PU

If you post it to this address, please also alert the Appeals Panel by email to the email address above to alert us to expect it.

The Appeals Body have received an appeal from

 ……………………………………………………..

and are considering its eligibility/have determined that it is eligible and are proceeding to hearing (delete one).

Please see the attached Form 1 from the appellant (personal information redacted) showing what they are appealing against and the grounds for appeal.

Please supply the following information to the Appeals Body so that we can assess the eligibility of the appeal/consider the Appeal (delete one). The information in the boxes will be sent to the appellant. Please list attached documents on a separate page. Additional documents will not be shared with the appellant and any respondents, though please take note of 1.3 in Part One of the Procedure, Procedure Rules.

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| **Please describe in the box below what decisions you made in determining the complaint made by the appellant and the reasons for these decisions. Please try not to go over 500 words**. **The text in this box will be copied to the appellant and any other respondents in seeking comments about this Appeal.** |
|  |
| **Please explain the process you went through to hear this complaint, giving dates of any relevant meetings or correspondence.** **Please try not to go over 500 words.** **You should attach any reference document to which you had regard in making your decision – for example minutes of relevant meetings or relevant correspondence. The text in this box will be copied to the appellant and any other respondents in seeking comments about this Appeal.**  |
|  |
| **The Appellant has named the following people as respondents. If you consider there is another respondent, please insert their name(s) here. The Appeals Body may approach them.** |
| **Name**  | **Email Address** |
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**Please type name and date below**

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| **Name of Chair, decision making committee** |  |
| **Date** |  |