



*Promoting Fairness,
Equity and Consistency.*

APPEALS FORM

Notes:

Under the Public Service Management Act (2018 Revision), appeals to the CSAC must be lodged within 30 calendar days of the Head of the Civil Service or Chief Officer's decision that is being appealed.

Please ensure you have read and understand the attached Guidance Notes issued by the CSAC for filing an appeal.

Part A – About you (the complainant)

1. Name Mr/Mrs/Miss/Ms: _____
2. Physical Address: _____
3. Mailing Address: P.O. Box _____ Postal Code: KY - _____
4. Contact numbers: Home: _____ Work: _____ Cell: _____
5. Email: _____



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Only fill out this box if someone is assisting you with the complaint – for example a lawyer

Name of representative: _____

Organisation: _____

Physical Address: _____

Mailing Address: P.O. Box _____ Postal Code: KY - _____

Contact numbers: Work: _____ Cell: _____ Email: _____



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**4th Floor George Town Financial Center | 90 Fort Street | P.O. Box 391 |
Grand Cayman | KY1-1106 | CAYMAN ISLANDS
(345) 244-3685 | info@civilserviceappealscommission.ky**



Part B – Your complaint

Who are you complaining about? (Respondent)

1. Name of respondent: _____
2. Position of respondent: _____
3. Name of employing department: _____
4. Contact numbers: Work: _____ Cell: _____ Email: _____

Part C – Details of decision being appealed

Please check the type of appeal you are making to the Commission:

- | | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> Suspension | <input type="checkbox"/> Demotion | <input type="checkbox"/> Reduction in Salary |
| <input type="checkbox"/> Performance Agreement/Assessment | <input type="checkbox"/> Medical Termination | <input type="checkbox"/> Redundancy | |





I hereby declare that the statements made in this appeal and any attachments are true, complete and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Remember

- to sign and date this document; and
- attach copies of any relevant documents.

Send your completed form to:

Chairman, Civil Service Appeals Commission

P.O. Box 391

Grand Cayman, KY1-1106

CAYMAN ISLANDS

info@civilserviceappealscommission.ky





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Commissions Secretariat Use Only

Date Received: _____

Case Number: _____

Secretariat Representative: _____



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