

PAB APPEALS AND ESCALATIONS FORM

The completed PAB Appeals and Escalations Form, and any supporting documents, must be sent to enquiries@recmanager.co.uk within the timescales set out in the appeals process. Fields that are marked with an ‘*’ are mandatory and must be completed.

1 PERSONAL DETAILS

APPELLANT NAME*	
APPELLANT ORGANISATION*	
COMPANY TYPE	
TELEPHONE NUMBER	
EMAIL ADDRESS*	

2 APPEAL / ESCALATION SUMMARY

APPEAL AREA*	
DECISION THAT IS BEING APPEALED OR DISPUTE THAT IS BEING ESCALATED*	
BODY/ORGANISATION THAT IS BEING APPEALED/ESCALATED*	
SUMMARY OF REASON FOR APPEAL/ESCALATION*	

WHAT IMPACT IS THIS HAVING?*	
DO YOU CONSIDER THIS APPEAL/ESCALATION TO BE URGENT?*	
IF YES TO THE ABOVE, PLEASE PROVIDE RATIONALE TO SUPPORT YOUR ANSWER.*	
WHAT OUTCOMES DO YOU CONSIDER ARE NEEDED TO ACHIEVE AN EFFECTIVE DECISION?*	
UPLOAD FILES	

3 FOR COMPLETION BY CODE MANAGER

URGENCY OF APPEAL/ESCALATION	
JUSTIFICATION IF URGENT	
DECISION MADE BY	