



**Otipemisiwak**  
**Métis Government**  
**Judicial Tribunal**

**File Number:**  
(internal use only)

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Appellant(s)

Respondent(s)

Document **Appeal of Ombudsman Decision**  
\*must be filed no later than thirty (30) days following the date of the Ombudsman's decision

Type of Appeal:

Lack of Jurisdiction

Violation of Principles of Procedural Fairness or Natural Justice

Date of Ombudsman's Decision:

Grounds for Appeal:

Concise Statement of Facts Upon Which Appeal is Based:



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**Appellant's Contact Information**

**Métis ID #:**

Full name (First, Last)

Email Address for Service

Address for Service (Building, Apt, Unit, PO Box Number, House Number, Street)

City/Town

Daytime Phone Number

Cellular Phone Number

Name of Lawyer/Agent (If Any)

**Respondent's Contact Information**

**Métis ID # (if known):**

Full Name (First, Last)

Email Address For Service

Address for Service (Building, Apt, Unit, PO Box Number, House Number, Street)

City/Town

Daytime Phone Number

Cellular Phone Number

**Date:**

**Signature:**