



Appeal Application Form

Please fill out, as completely as possible, the following fields to the best of your ability. This form will be provided to each member of the Appeal Board in preparation for the Appeal Hearing. (Please type or write legibly.) Lastly, this form must be completed to the best of your ability, signed, dated, and submitted within the established time frame, along with any other applicable fee and deposit to move forward in the appeal process.

Please email your completed application to ATTN; Appeal Board Chair

OR Hand deliver to:
Spokane County Parks, Recreation & Golf
404 N. Havana
Spokane, WA 99202

Office Hours: Monday-Friday, 8am-4:30pm
Office: (509) 477-4730

Name: _____ **Email Address:** _____

- 1) Please describe disciplinary measure(s) under appeal.**



2) Please describe the events leading up to the disciplinary measure(s)?

3) Please explain why you feel the disciplinary measure(s) were not warranted in this situation, taking care to address which program guidelines were not adhered to by staff applicable to disciplinary measure(s)?



4) Please explain how you believe County Parks and Recreation Staff should have responded to the situation(s) when measuring the facts in relation to the Program Guidelines acknowledged and agreed to by all program participants?

5) Please outline the decision you are seeking from the Appeal Board.



6) Please provide any additional information not addressed in the questions above that may assist the Appeal Board in evaluating your appeal.

Signature: _____

Date: _____