



## Appeal Form

Full Name  Date of Birth   
DD/MM/YY

Mailing Address  Cree Translator Needed?  
Yes  No

Phone No.  Settlement

Please describe your appeal on pages 2-4.

If you run out of room, attach the rest of your description to this form.

Please include in your description:

- What event you are appealing;
- What result you would like to see;
- Who the disagreement is with;
- What actions have been taken so far, and on what dates; and
- Any letters or other communication with the Settlement and/or with the other people involved in the dispute.

Please attach any documentation you think may support your case.

**PLEASE REMEMBER TO SIGN PAGE 4 OF THIS FORM.**

**Please return to:** Metis Settlements Appeal Tribunal  
11<sup>th</sup> Floor, HSBC Bldg., 10055-106 Street  
Edmonton, AB T5J 2Y2  
Fax: (780) 422-0019  
Phone: (780) 422-1541; Toll Free: 1-800-661-8864

<i>For Office Use Only</i>	
Date Received <input type="text"/>	Officer Assigned <input type="text"/>

-----









METIS SETTLEMENTS APPEAL TRIBUNAL

## CONSENT FORM

### Part 2, Freedom of Information and Privacy Act, RSA 2000

The investigation you requested is to be conducted by the Office of the Metis Settlements Appeal Tribunal (MSAT). This involves conducting interviews by Officers from the Tribunal. To enable us to conduct a thorough investigation, it is necessary to divulge your name and the nature of your appeal(s) to various third parties.

Under *Part 2 of the Freedom of Information and Privacy Act, RSA 2000*, we require your consent to disclose this personal information specific to your investigation. **You can withdraw your consent at anytime.**

Please sign your name below, authorizing the Tribunal to divulge your name, and the nature of your appeal **only** to third parties, and to access any relevant files pertaining to your appeal.

**Note:** This consent automatically expires two years after the date of signing, unless renewed in writing.

I consent to The Metis Settlements Appeal Tribunal collecting any information that it considers relevant; and by doing so I authorize the Tribunal to divulge my name and the nature of my appeal only to third parties, and to access any relevant files pertaining to my appeal.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Signing: \_\_\_\_\_

Forward completed form to:

Metis Settlements Appeal Tribunal  
11<sup>th</sup> Floor, HSBC Building  
10055-106 Street  
Edmonton, Alberta  
T5J 2Y2