# Guide Dogs Service Withdrawal or Denial

# Appeal Application Form

## Contact details:

Full name:

Address:

Phone number:

Email address:

## Type of service the appeal relates to:

**Please tick as appropriate**

[ ]  Guide Dogs

[ ]  Buddy Dog

[ ]  Companion Dog

[ ]  My Guide/Sighted Guiding

[ ]  Movement Matters

[ ]  Educational Support

[ ]  Family Support

[ ]  Custom Eyes

## I wish to appeal against the decision to:

**Please tick as appropriate**

[ ]  Permanently remove a service

[ ]  Not provide a service

## Preferred method of contact:

**Please tick as appropriate**

[ ]  Email

[ ]  Mail

[ ]  Large print mail

[ ]  Braille

[ ]  Audio

## Please provide the approximate date of the decision being appealed below:

## Please explain your reasons for appealing the decision below:

Please note: If you are sending any additional supporting documentation, do not send originals as they cannot be returned.

## Signature and date

Name:

Signature:

Date:

## End of document.