# Guide Dogs Service Withdrawal or Denial

# Appeal Application Form

## Contact details:

Full name:

Address:

Phone number:

Email address:

Advocate’s details (if applicable)

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: It is important that you include everything that you would like to be considered within your appeal at this stage. You will not be able to send us anything more after you have submitted this form. If you are waiting for documents to be available to you, please let us know and we can extend the time limit appropriately. If you are sending any additional supporting documentation, do not send originals as they cannot be returned. Please add additional pages where needed.

## Signature and date

Name:

Signature:

Date:

## End of document.