



# APPEAL TO THE SOCIAL ASSISTANCE APPEAL BOARD

## APPLICANT INFORMATION (please print)

Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Street Address		City/Community , NT	
Mailing Address (if different than above)			
Apartment Number	Postal Code	Telephone (Home) (    )	
Social Insurance Number /    /	Date of Birth - YY/MM/DD /    /	Case Number	

## APPLICANT LETTER OF APPEAL

To: Education, Culture and Employment  
 Government of the Northwest Territories  
 Box 1320, Lahm Ridge Tower, 1st Floor  
 Yellowknife, NT X1A 2L9  
 Fax: (867) 873-0443

**NOTE: An appeal must be made within seven (7) days after receiving the ruling of the Social Assistance Appeal Committee or Review Group.**

Date (YY/MM/DD) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**REGARDING: Social Assistance Appeal Committee Decision (Attached) or Social Assistance Review Group Decision (Attached)**

I am appealing the decision of the Social Assistance Appeal Committee or the Social Assistance Review Group for the following reasons:  
 (attach additional sheets if necessary)

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I would like the Board to:

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## APPELLANT'S SIGNATURE

Appellant's Name (Please Print)	x	Appellant's Signature	Date - YY/MM/DD
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This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, Section 41.1(1)(g) and the *Northwest Territories (NT) Social Assistance Act and Regulations*. The privacy provisions of the *ATIPP Act* protect my information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-920-8921.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.