



## Appeal/Complaint Form

- DIRECTIONS: 1. PRINT CLEARLY ALL INFORMATION REQUESTED BELOW OR APPEAL CANNOT BE PROCESSED.
2. PLEASE ATTACH YOUR EVIDENCES (*Videos, Texts, Documents, Witnesses or any Statements such as Receipt, and etc. to support your complaint/appeal/protest.*)
3. RETURN THE FORM AND ANY OF YOUR ATTACHMENTS TO CAAD.
- a. Mail to CAAD Secretary/Treasurer, 9630 West Coldspring Road, Greenfield, WI 53228
- b. Or email to CAAD Secretary/Treasurer at: [caadsecytreasurer@gmail.com](mailto:caadsecytreasurer@gmail.com)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIPCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ VP: \_\_\_\_\_

**YOUR REQUEST AND REASON FOR YOUR APPEAL/ COMPLAINT:**

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*If more space is needed, attach additional pages.*

**I affirm that the above statement is true and accurate to the best of my knowledge.**

**SIGNATURE:** \_\_\_\_\_

**For Office ONLY:**

Received Date: \_\_\_\_\_ with \_\_\_\_\_ attachments and total of \_\_\_\_\_ pages.

\_\_\_\_\_ : Appeal granted.

\_\_\_\_\_ : Appeal granted with conditions (see below)

\_\_\_\_\_ : Appeal denied.

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