



Appellant Information

Full Name:	Role or Relationship to Studio:
------------	---------------------------------

Preferred Contact Information:

- Email: _____
- Phone: _____

Decision Being Appealed

Type of Decision Being Appealed: *(Check all that apply)*

- Disciplinary Action
- Interim Measures
- Suspension or Termination
- Investigation Outcome
- Access Restriction
- Other (specify): _____

Date of Original Decision:	Policy or Process Referenced (if known):
----------------------------	--

Grounds for Appeal

Basis for Appeal: *(Check all that apply)*

- Procedural error or irregularity
- New or additional information not previously available
- Misapplication or misunderstanding of Studio policy
- Disproportionate or unreasonable action
- Other (specify): _____

Appeal Statement

Detailed Explanation of Appeal: (Clearly explain why you are requesting reconsideration. Include relevant dates, facts, and supporting context. Attach additional pages or documentation if needed.)

Your Signature:	Date:
------------------------	--------------

Studio Use Only [APPEALANT DO NOT FILL THIS PART OUT]

Date Appeal Received:	Reviewed By:
------------------------------	---------------------

Decision on Appeal: <input type="checkbox"/> Appeal Granted <input type="checkbox"/> Appeal Denied <input type="checkbox"/> Appeal Partially Granted <input type="checkbox"/> Additional Review Required

Date of Final Determination:

Confidentiality Notice

This appeal form and all related materials contain sensitive information and will be handled in accordance with Studio privacy, safety, and confidentiality policies. Unauthorized disclosure is prohibited. Decisions issued following appeal review are final unless otherwise required by law or policy.