PAB Appeals and Escalations Form

The completed PAB Appeals and Escalations Form, and any supporting documents, must be sent to enquiries@recmanager.co.uk within the timescales set out in the appeals process.

Fields that are marked with an '*' are mandatory and must be completed.

Personal Details

Apellant Name	Please enter your name.
Apellant Organisation*	Please enter the name of your organisation.
Company Type	Please enter your company type here.
Telephone Number	Please enter your telephone number.
Email Address	Please enter your email address.

Appeals / Escalation Summary

Appeal area*	Choose an Item
Decision that is being appealed or dispute that is being escalated*	Please type here.
Body / Organisation that is being appealed / escalated*	Please enter the body / organisation.
Summary of reason for appeal / escalation*	Please enter the reason for appeal / escalation.
What impact is this having?*	Please detail the impact this is having.
Do you consider this appeal / escalation to be urgent?*	Select an Option
If Yes to the above, please provide rationale to support your answer*	Please provide an explanation to support the above.
What outomes do you consider are needed to achieve an effective decision?*	Please enter your response here.
Upload Files	Please enter the names of the files you will send to support this form.

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For Completion by Code Manager

Urgency of appeal / escalation	Select Level of Urgency
Justification if urgent	Leave blank for completion by Code Manager.
Decision made by	Leave blank for completion by Code Manager.

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