



**Human Resources Professionals Association  
Request for an Appeal Form**

**PLEASE FOLLOW THE SUBSEQUENT INSTRUCTIONS TO REQUEST AN APPEAL**

The Request for an Appeal must be signed and filed with the Office of the Registrar. It may be submitted by mail, in-person, or by email:

Human Resources Professionals Association (HRPA) - Office of the Registrar  
150 Bloor St. W., Suite 200  
Toronto, ON M5S 2X9  
[registrar@hrpa.ca](mailto:registrar@hrpa.ca)

Please consult the [Appeals section](#) of HRPA’s website for the allowable grounds of appeal. The onus is on the appellant to demonstrate in the balance of probabilities that there was a problem with the process by which the decision was arrived at.

**Please note:** Only appeals of decisions made as the result of a hearing by the Discipline Committee, the Capacity Committee, or the Review Committee will be conducted via an **appeal hearing**. All other appeals will proceed as **reviews based on written submissions only**. As such, please provide any information you would like the Appeal Committee to consider as part of your request for an appeal. While you will be able to make additional written submissions based on HRPA’s response to your request, no new grounds of appeal can be raised as part of those submissions.

**INFORMATION ABOUT YOU (THE APPELLANT)**

First Name	Last Name	
Home Phone	Email Address	
Work Phone	Street Address	City
Suite Number	Province	Postal Code

May we contact you at work?  Yes  No

Are you a member of HRPA?  Yes  No



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## **INFORMATION ABOUT THE DECISION YOU ARE APPEALING**

What decision are you appealing?

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Was this a decision of the Registrar or the decision of a Committee?

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If the decision was made by a Committee, which Committee made the decision?

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## **GROUNDINGS OF APPEAL AND SUPPORTING DOCUMENTS**

**Please note:** If more space is required, please include the information on a separate Word document

**What specifically are you claiming was wrong, or went wrong, with the process by which the original decision was made?** (If you believe there were multiple problems with the decision, please list each problem separately)



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### EXPERT EVIDENCE – IF APPLICABLE

Please indicate if you intend to submit expert evidence. To be admissible, expert evidence must be relevant to an assumption or determination made by the original decision-maker and must meet the test for fresh evidence as set out in section 22.07 of the By-laws. (List the name and contact information of the expert you intend to rely on.)

### REMEDY

What remedy are you seeking as a result of your appeal? The Appeal Committee has no authority to make a decision that would contravene the *Registered Human Resources Professionals Act, 2013*, the By-laws, or any Board-approved policy, grant a designation, waive a non-exemptible requirement, or make any decision that could not have been made by the Registrar or the original Committee.



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## **ACKNOWLEDGEMENT, CONSENT, AND SIGNATURE**

### **I have read and I understand the following:**

- I understand that my request for an appeal as well as any supporting documentation that has been submitted will be shared with the Chair of the Appeal Committee, the Appeal Panel, and the Registrar or their delegate.
- I understand the Appeal Committee's decision will be shared with the original decision-maker and all parties to the appeal.
- I understand that the Appeal Committee may not be able to proceed with my appeal if the Appeal Committee determines that it has no jurisdiction or there are no grounds for the appeal.

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

**By providing an electronic signature, I confirm my understanding and agreement to the terms of this form.**

If you have any questions about how to file your request for an appeal, please call the Office of the Registrar at 416.923.2324 or 1.800.387.1311 or send an email to: [registrar@hrpa.ca](mailto:registrar@hrpa.ca)