

## Appeal Form

### Scope

Submitting an *Appeal Form* serves as an opportunity to request that a decision made against a certificant or candidate be reviewed. In order to be considered a valid appeal, the appellant must be challenging a subjective decision made by the IAPP against them personally (ex. rejecting a complaint request, revocation of certification for conduct, etc.).

### Submission

All appeal forms should be submitted within 30 days of the event in question. Appeals submitted after 30 days may not be considered.

To submit an appeal for review, please complete the below form and submit it to the Customer Support Representative with whom you have been in contact. If you do not yet have a Customer Support contact at the IAPP, the form may be submitted to [certification@iapp.org](mailto:certification@iapp.org).

### Review

Prior to review, the submitted appeal form will be assessed to ensure that it fits within the scope of the appeals process, as described in the *Scope* section above. If the submission is determined not to be a valid appeal, the appeal will be rejected. The appeal may be revised and submitted again for review.

Appeals are reviewed the IAPP Appeals Board quarterly. As such, a decision may take up to four months.

The appellant may be contacted by a senior member of the Certification Department prior to their case reaching the board should they feel there may be an opportunity to resolve the case without formal review.

### Decision and Impact

The decision, along with any provided solution, will be communicated to the candidate via email. The decision is made at the discretion of the Appeals Board. The solution provided, should the request be approved, is also chosen at the discretion of the Appeals Board and may not be the solution originally requested.



**Candidate Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Case details:**

Please describe, in detail, the situation which occurred, as well as any additional context that you would like the Appeals Board to have:

By submitting the above form, you verify that you understand and agree to the appeals process as described above.

I understand and agree: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)