IMODEL DECISION CHALLENGE REQUEST FORM

This form is for the challenge of a decision made by a Regional IModel Committee and submitted to Ontario Soccer's Provincial IModel Steering Committee for assessment and decision.

When completed, send this form to: IModel@ontariosoccer.net

Cont	act	Informatio	on of	f Indiv	vidua	l Re	quest	inç	to Challen	ge a R	egi	onal IModel Committee Decision
Full Name:												
E-Mail:												
Phone:												
Registrant Status:		Adminis		Coa	ich		Match Off	icial		Player/Parent		
Member Club:						Participant's Name:						
Team Name:						Age level: (i.e., U14 boys)						
Region: Central E			East		South					West		
	II					(Groun	ds	for the Chal	lenge		<u></u>
*The registrant requesting the challenge must provide clear and substantial evidence to prove one or more of the grounds for challenge listed below. Simply not agreeing with the decision being challenged is not grounds for a challenge and will not be considered. As this is process is By Review i.e. there is no hearing, please include and attach all applicable information with this form.												
	The decision made is beyond the authority and jurisdiction of the decision maker as set out in applicable IModel Rules and Regulations.											
New facts now available that were not in existence or could not have been discovered by due diligence when the decision was made.												
The de	e decision maker failed to properly interpret the relevant IModel Rules and Regulations.											
The do	decision maker failed to follow procedures as described in the relevant IModel Rules and Regulations.											
		ion was in maker is u								l as a l	ack	k of neutrality to such an extent that the
The decision is excessive of the guidelines established related to fines, fee, penalties or bonds.												
I have	an	extraordin	ary (circun	nstar	nce r	needir	ng	consideratio	n.		
,							Chal	ler	nge Informa	tion		
Request to of: (list the has made t	cha orga he d	allenge a d anization n decision):	lecis ame	ion that								
Date of Dec	cisio	on received	d:									
	*	Decision cha	lleng	je mus	t be fi	led w	vithin 14	4 da	ays of receipt o	of the II	Mod	del decision being challenged.*





Supporting Evidence
Please provide a list of all evidence that supports your application for challenging a decision. You will not be able to resubmit any new evidence or a submission after this application is submitted. Additional pages may be attached.
Challenge Application Check List
·
 Complete this IModel Challenge Request Form. Include/attach a copy of the decision being challenged or your understanding of the decision if the decision has not been received or provided. Attach submissions, evidence and attachments in their entirety. Sign below Send to IModel@ontariosoccer.net
Signature: Date:



