

List documents submitted as evidence. **Please attach these documents to this form.**

Please return the completed form to the CIT Office no later than _____ . Thank you.

For Appeals Team Use only:

Outcome:	<input type="checkbox"/> Affirm assigned rating	<input type="checkbox"/> Modify assigned rating	<input type="checkbox"/> Reject assigned rating
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Appeals Team signature

Appeals Team signature

Date reviewed: _____

Additional documentation received? Yes No

Outcome on _____(date)

Forwarded to Third Party jointly selected by Superintendent, RTA President on _____(date)

Final outcome: _____

3rd Party signature

Date