

**FORM C**

**APPLICATION FOR LEAVE TO APPEAL**

**REFERENCE**

Fill in the complaint  
reference number

You are completing this form because you want the Independent Media Ombudsman Appeals Chair to review a ruling of the Ombudsman

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**GROUND FOR SAYING THE OMBUDS WAS WRONG - FACTS**

Explain where in the ruling the Ombuds made wrong factual findings

**GROUND FOR SAYING THE OMBUDSMAN WAS WRONG - CODE**

Explain where in the ruling the Ombudsman made wrong findings in applying the code

Signature _____	Date _____
<b>COMPLAINANT</b>	
Signature _____	Date _____
<b>WITNESS</b>	