

Appeal Form

June 2020

Please use the following directions when completing the form on page two.

1. To submit an appeal, complete the CBDM Appeal Form on page two in its entirety. Incomplete forms will result in the appeal not being presented to and heard by CBDM.
 - After completing the form, save the PDF with the following file name: your last name.appeal.pdf
2. Provide supporting documentation to substantiate the reason that you want CBDM to consider your appeal or to support the actions you will take if you win your appeal.
 - Documentation may include although not be limited to the following:
 - Letter from medical professional or other documentation to support a medical-related situation
 - Copy of obituary to substantiate death of a spouse, family member, etc.
 - Police report to substantiate a vehicle accident
 - Insurance claim to substantiate a weather-related incident that impacted your dwelling, property, etc.
 - Criteria for the submitted documentation include the following:
 - May be a Word, Excel, PowerPoint or PDF file.
 - Include your name on each page of the attached documents.
 - If you have multiple documents, consider scanning into one file and sending as a PDF file.
 - Save the document with a file name as follows: your last name. brief description of document.
 - Submit the documentation as follows:
 - If mailing or faxing the completed CBDM Appeal Form, include all attachments with the form.
 - If e-mailing the completed CBDM Appeal Form, attach all saved documents to the e-mail.
3. Submit the completed form and all supporting documentation to CBDM via one of the following ways:
 - E-mail (preferred method): Appeals@CBDMonline.org
 - Fax: 630.587.6308
 - Mail: CBDM Appeals
406 Surrey Woods Drive
St. Charles, IL 60174

It is recommended that you save for your records a copy of the form and documentation as submitted.

Appeal Form

June 2020

1. Indicate date of appeal submittal _____

2. Please provide your contact information as currently listed in your ANFP record. Please update your ANFP record as needed.

Name _____

CDM, CFPP Number _____

E-mail Address _____

Mailing Address _____

3. Indicate the reason for which you are submitting the appeal (e.g., lost certification, denied exam eligibility, etc.) and that you seek for the CBDM to reconsider their decision. Please specific.

4. If you should win your appeal, please describe specifically what actions you will take by when.

5. Provide a brief description of each document you will be submitting with the appeal to substantiate the reason(s) that you want CBDM to consider your appeal or to support the actions you will take if you win your appeal. Submit the documentation with the appeal per the above Directions.