

## APPEAL FORM

Endorsement of the Registrar /Deputy Registrar of the Administrative Tribunal

Appeal No. : ....

Registered on: .././..

Signature :

*Before completing this form, you are advised to read the Staff Regulations that apply to you and the Rules of Procedure of the Administrative Tribunal. These documents are available on the [Tribunal's website](#).*

*This form applies, mutatis mutandis, to disputes involving staff members of the Council of Europe Development Bank and of other intergovernmental organisations over which the Tribunal has jurisdiction pursuant to Article 2 of the Tribunal's Statute.*

*Once completed, this form must be submitted to the Registry as provided in Rule 9 of the Tribunal's Rules of Procedure. The Tribunal's email address is [tribunal.administratif@coe.int](mailto:tribunal.administratif@coe.int). Late submission may be prejudicial to your rights (see the aforementioned documents).*

*As provided in Rule 10.3 of the Tribunal's Rules of Procedure, the appeal form can be supplemented with further submissions within the time limit set by the Chair. Further submissions must not exceed 25 pages (font: Times New Roman, font size: 12, line spacing: 1.15).*

### I. INFORMATION CONCERNING THE APPELLANT:

#### 1. Description of the appellant:

a. Surname(s)

First name(s)

b. Date of Birth

Place of Birth

D	D	M	M	Y	Y	Y	Y

c. Nationality/nationalities

d. Postal address, email address and telephone numbers for the purposes of the proceedings:

Address

Email Address

Telephone Number

e. Name(s) and address(es) of the person(s) representing the appellant:

*You can either conduct your appeal yourself or appoint one or more advisers of your choice to do this for you. Any adviser(s) must submit a power of attorney.*

## 2. Capacity of appellant (tick as appropriate):

- staff member
- former staff member
- person claiming through a staff member or former staff member
- job applicant
- Staff Committee

## 3. If the appellant is claiming through a staff member or former staff member, indicate the name of this staff member and the reason entitling the appellant to claim through them:

Name

Reasoned entitlement

## 4. For current and former staff members and their beneficiaries, indicate:

a. The date on which the staff member took up their post and, for a former staff member, the date on which they left it:

Start Date:

D	D	M	M	Y	Y	Y	Y

Leave Date:

D	D	M	M	Y	Y	Y	Y

b. The grade and department at the time of contesting the decision in the case of a current staff member or, in the case of a former staff member, as at the date on which they left their post.

Grade

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Department

c. The nature of the staff member's employment / contract:

*Please state whether the basis of employment is a temporary contract, an indefinite term contract, a fixed-term appointment or open-ended appointment.*

*For a fixed-term appointment, please specify whether it is an appointment under junior professionals' programmes or an appointment to a job with a planned turnover profile.*

## 5. If the appellant is a job applicant, specify the relevant dates of the selection procedure and the number of the relevant vacancy notice:

## II. DETAILS OF THE ADMINISTRATIVE DECISION THAT IS BEING APPEALED AGAINST:

Please note that you must demonstrate that your appeal meets the admissibility requirements. Some of the information requested below is relevant for the purposes of demonstrating this admissibility.

For all appeals indicate:

6a. The respondent (Council of Europe, Council of Europe Development Bank, CCNR, HCCH or OTIF):

b. Capacity of the official who took the contested decision:

c. Date of the administrative decision

D D M M Y Y Y Y

Or

d. if the contested decision has not been published or served, date on which it came to the appellant's knowledge:

D D M M Y Y Y Y

Since the entry into force, on 1 January 2023, of the revised Staff Regulations of the Council of Europe, Article 14.6 of the said Regulations provides, as follows:

*"An appeal may be lodged with the Administrative Tribunal by a staff member, without first lodging a formal complaint with the Secretary General, against the imposition of a disciplinary sanction, with the exception of a written warning. An appeal may also be lodged by a staff member directly with the Administrative Tribunal against a decision taken by the Secretary General personally, or against an administrative decision implementing a legislative measure of general character adopted by the Committee of Ministers, provided that the staff member has a direct and existing interest in challenging such a decision."*

If applicable, indicate:

e. Date on which the process of management review commenced:

D D M M Y Y Y Y

f. Date on which the process of management review ended :

D D M M Y Y Y Y

g. Date of the administrative complaint against the contested decision :

D D M M Y Y Y Y

h. Date of the dismissal of the complaint :

D D M M Y Y Y Y

7. Applicable for the Council of Europe Development Bank, CCNR, OTIF and HCCH:

Indicate whether a conciliation procedure has taken place and, if so, the date on which the appellant received the Conciliator's report, or the end date of the period allowed for the procedure in the conciliation agreement:

III. OBJECT AND GROUNDS OF THE APPEAL:

## 8. Object of the appeal:

## 9. Grounds of the appeal (please give brief but sufficient details):

You may set out the grounds of the appeal using the following three dedicated pages, without including additional sheets. The grounds of the appeal may be expanded upon in further submissions in accordance with Rule 10.3 of the Tribunal's Rules of Procedure.

Page dedicated to the grounds of appeal:

A large, empty rectangular box with a thin black border, intended for the user to write the grounds of appeal.

Page dedicated to the grounds of the appeal:

A large, empty rectangular box with a thin black border, intended for the user to write the grounds of the appeal.

IV. DOCUMENTS APPENDED TO THE APPEAL FORM:

10. Provide a numbered list, in chronological order if possible, of the documents appended to the appeal form. This list should normally include a copy of the contested decision, the Conciliator’s report (if applicable) and the power of attorney (if the appellant appoints one or more representatives).

1.	_____	p. ....
2.	_____	p. ....
3.	_____	p. ....
4.	_____	p. ....
5.	_____	p. ....
6.	_____	p. ....
7.	_____	p. ....
8.	_____	p. ....
9.	_____	p. ....
10.	_____	p. ....
11.	_____	p. ....
12.	_____	p. ....

V. SIGNATURE

By signing this form, the requesting party or their representative certifies that the information provided in this appeal form is accurate and that any copies submitted to the Administrative Tribunal are true copies of the original document.

Done at:

on

D	D	M	M	Y	Y	Y	Y

Signature