

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
COMMISSION ON HUMAN RIGHTS**



APPEAL FORM
CRIMINAL BACKGROUND CHECKS FOR THE PROTECTION OF CHILDREN ACT

YOUR INFORMATION		
Today's Date:	Name:	Date of Birth:
Address:		City/State/Zip:
E-mail: _____	Which language do you prefer to communicate in? English Spanish	
Telephone: _____	Other (Please List) _____	
<p>I am a: Current District Employee District job applicant District volunteer applicant Applicant, Volunteer, or Employee of an entity that Contracts with the District Government Applicant/Employee at Licensed Child Care Facility</p> <p>Title of position applied for: _____ Agency/Facility: _____</p> <p>Did you receive a letter informing you of your ineligibility? Yes No If "Yes" date received: _____</p> <p>This appeal is filed within thirty (30) days from the date of receiving your letter of disqualification: Yes No</p> <p>If you answered "no" to the above question, explain why your appeal was filed more than thirty (30) days from receiving your letter of ineligibility.</p> <p>List all criminal offense(s) and date(s) of conviction:</p> <p>Identify which criminal offense(s) were felonies? _____</p> <p>Time elapsed since criminal offense(s): _____</p> <p>Age at time of criminal offense(s): _____</p> <p>Did any of your criminal offense(s) involve a sexual offense with a minor: Yes No</p>		

INFORMATION ABOUT THE ENTITY THAT DEEMED YOU INELIGIBLE

Name of District agency, company, or organization:

Name and Title of hiring authority (i.e. President, Owner, Human Resources Manager):

Address:

City/State/Zip:

Telephone:

E-mail:

STATE ALL REASONS WHY YOU BELIEVE THE INELIGIBILITY DETERMINATION WAS WRONG:

PLEASE PROVIDE ALL INFORMATION YOU BELIEVE MAY BE RELEVANT TO YOUR APPEAL:

PLEASE PROVIDE ALL INFORMATION REGARDING YOUR REHABILITATION OR GOOD CONDUCT SINCE YOUR CRIMINAL OFFENSE(S). ADDITIONALLY, PLEASE IDENTIFY ALL MITIGATING OR EXTENUATING CIRCUMSTANCES THAT YOU BELIEVE SHOULD BE CONSIDERED IN YOUR APPEAL TO THE COMMISSION ON HUMAN RIGHTS.

IF REPRESENTED BY LEGAL COUNSEL, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Attorney Name: _____ Address: _____

Telephone: _____ E-mail: _____

PERSONS WITH EVIDENCE FOR YOUR APPEAL

1. Name: _____ Address: _____ Email: _____

2. Name: _____ Address: _____ Email: _____

3. Name: _____ Address: _____ Email: _____

4. Name: _____ Address: _____ Email: _____

IMPORTANT:

PLEASE ATTACH ALL RELEVANT DOCUMENTATION TO THIS APPEAL FORM THAT YOU BELIEVE SHOULD BE CONSIDERED IN YOUR APPEAL TO THE COMMISSION ON HUMAN RIGHTS.

BY SIGNING BELOW, I AUTHORIZE THE RELEASE OF MY FBI CRIMINAL RECORD REPORT AND ANY OTHER DOCUMENTS PERTAINING TO THIS APPEAL TO THE D.C. COMMISSION ON HUMAN RIGHTS.

SIGNATURE: _____ DATE: _____