



## APPEAL REQUEST FORM

**CONFIDENTIAL – To be submitted to the Human Resources Department**

This form is to be completed by any Employee, Contractor, or Supplier who wishes to appeal the outcome of a Human Rights concern, investigation, or decision taken in terms of the *Montego Pet Nutrition Human Rights Policy*.

All information will be handled in accordance with the *Protection of Personal Information Act (POPIA)*.

| PERSONAL DETAILS                               |  |                |  |
|------------------------------------------------|--|----------------|--|
| Name of Appellant:                             |  |                |  |
| Employee / Supplier Number:<br>(if applicable) |  |                |  |
| Department / Site:                             |  |                |  |
| Contact Number:                                |  | Contact Email: |  |

| DETAILS OF THE DECISION BEING APPEALED                 |                                              |                                                                          |                                                       |
|--------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------|
| Date of Original Decision / Outcome:                   |                                              |                                                                          |                                                       |
| Name of HR Officer / Manager who handled the matter:   |                                              |                                                                          |                                                       |
| Nature of Original Complaint:<br>(tick all that apply) | <input type="checkbox"/> Discrimination      | <input type="checkbox"/> Harassment<br>(verbal, physical, sexual, cyber) | <input type="checkbox"/> Child Labour                 |
|                                                        | <input type="checkbox"/> Forced Labour       | <input type="checkbox"/> Freedom of<br>Association Violations            | <input type="checkbox"/> Unsafe<br>Working Conditions |
|                                                        | <input type="checkbox"/> Privacy/Data Breach | Other:                                                                   |                                                       |

| REASON(S) FOR THE APPEAL                                    |
|-------------------------------------------------------------|
| (Please explain in full. Attach additional pages if needed) |
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## REMEDY OR OUTCOME REQUESTED

(Explain what outcome or resolution you are seeking)

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## DECLARATION

I confirm that the information provided in this Appeal Request is true and accurate to the best of my knowledge.

I understand that the Appeal will be reviewed fairly and confidentially, and that I may be contacted for additional information.

\_\_\_\_\_  
**SIGNATURE:**

\_\_\_\_\_  
**DATE:**

Please submit this form to the **HR Department** directly, or email it to the designated HR Officer handling Human Rights matters. You may also submit a signed, scanned copy via the ***Ethics Hotline email*** ([montego@whistleblowing.co.za](mailto:montego@whistleblowing.co.za)) if anonymity or distance is a concern.