

**This publication was archived
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This publication is no longer current and is being updated.

Form D –Police Authority’s submission to Police Medical Appeal Board in response to appeal Page 2

2. I attach the following supporting documents –

.....
.....
.....

3. The following people will be attending the appeal hearing (if different from Form B):

.....
.....
.....

Signature Date

Complete the following details in block capitals –

For.....(Police Authority)

Contact Name..... Telephone no.....

Address.....
.....

