

Form 26(b) Response

| APPELLANT | | |
|------------------|-------------------|-----------------------|
| <i>Last name</i> | <i>First name</i> | <i>Student number</i> |
| | | |

| RESPONDENT | |
|-------------------|-------------------|
| <i>Last name</i> | <i>First name</i> |
| | |

| RESPONDENT DETAILS | | |
|---------------------------|---------------------------------|-----------------------|
| <i>Department</i> | <i>Building and Room Number</i> | <i>E-mail Address</i> |
| | | |
| <i>Primary Phone #</i> | <i>Alternate Phone #</i> | |
| | | |

| REQUIRED SCHEDULES | |
|--|--|
| <i>Indicate with a ✓ that the following REQUIRED schedules are attached:</i> | |
| | Schedule "A" Statement of the response, including any facts relied upon that have not been pleaded by the Appellant. |
| | Schedule "B" List of relevant documents (copies of all documents must also be attached) |

| | |
|------------------|-------------|
| <i>Signature</i> | <i>Date</i> |
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