



TRAFFIC CITATION APPEAL FORM

1. Your D/S/C Head may, on a case by case basis, expunge a traffic citation.
2. An appeal may be filed within five (5) business days from the date the traffic citation was issued.
3. If you wish to appeal. Complete and return this form to the Traffic Safety Subcommittee (TSS), via the ES&H Section: TSS MS119.
4. A Traffic Citation Review Committee will review your appeal.
5. You may select a temporary member to the committee. Complete the Temporary Member field below.
6. You may appear before the committee.
7. A written decision will be sent to you.

Appellant Information (PLEASE PRINT ALL INFORMATION)		
Name	I.D.#	Phone
Email		Mail Stop
Citation Information		
Citation#	Date Issued	Plate #
Violation Description		
Temporary Member	Email	Phone

Reason for this appeal: _____

Signature of appellant

Date

Appellant Diagram (optional)

Empty box for Appellant Diagram.

Findings _____

Decision

___ Your appeal is upheld. Your citation will be expunged. Keep this determination as a receipt.

___ Your appeal is denied. To challenge the decision of this appeal you can file a grievance under the appropriate grievance procedures of the Laboratory:

(<http://wdrs.fnal.gov/policies/policy/internalcomplaint.html>).

Review Committee Chair _____
Signature Date