**Official Case Application**

# Submission of a complaint to ECB

## Before any party can submit a complaint to ECB, it has to try to settle the issue on a local level.

* Complaining parties have a responsibility to raise complaints with appropriate local parties within one month of the date of the alleged violations. ECB shall automatically accept arbitration of cases where parties started negotiation/communication with each other on disputes within one month of the violation. However, ECB chair shall have discretion in accepting or rejecting arbitration of cases where communication between parties started more than one month after the alleged violation.
* If the parties involved cannot reach a mutual agreement within one week period on a local level, it is advised that the situation be brought forth to ECB.

## The following steps must be followed to submit a complaint to ECB:

* The complaining party (LC or Intern) shall contact ECB with initial complain on Exchange Standards by writing an email to ECB of their entity. ECB contact email shall be accessible on the entity website. ECB shall support the complaining party in filling in the Official Case Application Package within one week after official complaint is received. If no reply within one week or contact not found, please refer to icb@ai.aiesec.org.
* Application package must contain LC to LC correspondence where ECB can find that mutually acceptable solution could not be found.
* Application package should contain all proof of acclaimed XPP violations which can include but not limited to: receipts, flight tickets, examples of communication, OP/EP ANs, pictures etc.
* ECB has the right to request that documents are notary translated
* Along with this, ECB and EP must sign the last paragraph of the Official Case Application.
* ECB will inform the relevant counter entity of the complaint by submitting Official Case Application Package.
* ECB of counter entity has one (1) week to submit answer to the case by filling in Official Case Application which was sent to them.
* The respondent may also file a claim against the original claimant. Such counter-claims must include the same information originally submitted by the claimant.
* Once the above information is gathered, ECB will email the entities with any requests for required additional information. All information must be submitted within one (1) week from the date of the email. In case the entity cannot meet this deadline then the entity can ask for additional time before the deadline by directly submitting such a request to ECB e-mail address.
* In case of an emergency or when basic living conditions of an intern do not fulfill the standards (lack accommodation, lack of salary etc.) case can be solved only by ECB Chair and ICB Responsible of Case Solving within 48h.

Country **PLACING** claim is to fill out portions of document in **RED ONLY.**

Country **RESPONDING** to claim is to fill out portions of document in **BLUE ONLY.**

**Case Information**

|  |  |
| --- | --- |
| **Date of Claim** |  |
|  |  |
| **Country placing Claim:** |  |
| **EP/OP link in EXPA:** |  |
| **Country Contact Name** |  |
| **Country Contact Email** |  |
|  |  |
| **Date of Response** |  |
|  |  |
| **Country responding to Claim** |  |
| **TN/EP Identification number:** |  |
| **Country Contact Name** |  |
| **Country Contact Email** |  |

**Complaint**

|  |
| --- |
| **Reasons for complaint** |
|  |
| **Response to complaint** |
|  |

**Exchange Product Policies (XPP) Violations**

Please list the policies that you consider violated along with proof (This could include letters/ emails/ scanned documents of the various parties involved), and the experience with the Intern/OP organization with dates. Please be concise and factual, and leave out any emotional information.

Please note: If Claiming Entity feels that there are more than 3 policies violated, please copy and paste further Claim Boxes as needed.

**Claim 1**

|  |  |
| --- | --- |
| **Claimed XPP 1 Violates**  *(please include the policy number if possible e.g.* ***2.4(EP)*** *)* |  |
| **Experience with EP/OP** |  |
| **Proof for claim 1** *(please create a folder with all the files corresponding proofs for claim 1 and name it “Proof for claim 1” and place it in package)* |  |
| **Additional Information** |  |
|  |  |
| **Response: XPP 1 Violated** |  |
| Do you accept/deny this claim? |  |
| **Experience with EP/OP** |  |
| **Proof** *(please create a folder with all the files corresponding proofs for this claim and name it “Proof for claim 1” and place it in package)* |  |
| **Additional Information** |  |

**Claim 2**

|  |  |
| --- | --- |
| **Claimed XPP 2 Violates**  *(please include the policy number if possible e.g.* ***2.4(EP)****)* |  |
| **Experience with EP/OP** |  |
| **Proof** *(please create a folder with all the files corresponding proofs for this claim and name it “Proof for claim 2” and place it in package)* |  |
| **Additional Information** |  |
|  |  |
| **Response: XPP 2 Violated** |  |
| Do you accept/deny this claim? |  |
| **Experience with EP/OP** |  |
| **Proof** *(please create a folder with all the files corresponding proofs for this claim and name it “Proof for claim 2” and place it in package)* |  |
| **Additional Information** |  |

**Claim 3**

|  |  |
| --- | --- |
| **Claimed XPP 3 Violates**  *(please include the policy number if possible e.g.* ***2.4(EP)****)* |  |
| **Experience with EP/OP** |  |
| **Proof** *(please create a folder with all the files corresponding proofs for this claim and name it “Proof for claim 3” and place it in package)* |  |
| **Additional Information** |  |
|  |  |
| **Response: XPP 3 Violated** |  |
| Do you accept/deny this claim? |  |
| **Experience with EP/OP** |  |
| **Proof** *(please create a folder with all the files corresponding proofs for this claim and name it “Proof for claim 3” and place it in package)* |  |
| **Additional Information** |  |

**Expectations of Compensations if needed**

Please fill in this table If you expect any financial compensation to be prescribed.

**Notification:** Compensation can only be prescribed according to the size and type of expenses made by a complaining party, and only those that could be proved. No additional, unproved or moral compensation could be prescribed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses:** | **Yes/No** | **Sum of expenses(USD) made that can be proved by documentary evidences and claimed to be reimbursed** | **Clarifications** |
| OP/EP fee |  |  |  |
| Travel Expenses |  |  |  |
| Travel Insurance |  |  |  |
| Visa Expenses |  |  |  |
| Other expenses |  |  |  |

**Current Situation**

|  |
| --- |
| **Current Situation** |
| Please outline current situation with EP/OP:   * Is EP still in the country of Opportunity? * Is internship still going on? * If yes, what are the current conditions EP/OP is facing right now? |
| **Current Situation** |
| Please outline Current Situation at the date of the Response. |

**Contact Information**

ECB raising an appeal is responsible to provide contact numbers and email addresses of all the parties involved so that ICB can contact them directly if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Contacts:** | | | |
| **Party placing claim** | | **Party responding claim** | |
| **Name:** |  | **Name:** |  |
| **Title:** |  | **Title:** |  |
| **Email address:** |  | **Email address:** |  |
| **Name:** |  | **Name:** |  |
| **Title:** |  | **Title:** |  |
| **Email address:** |  | **Email address:** |  |
| **Name:** |  | **Name:** |  |
| **Title:** |  | **Title:** |  |
| **Name:** |  | **Name:** |  |
| **Email address:** |  | **Email address:** |  |

**IMPORTANT! Please sign**

|  |  |
| --- | --- |
| **Complaining Party** | **Responding Party** |
| I, as complaining party, confirm this case has been brought forth to the ICB for arbitration.  I, as complaining party, will accept the solution and decision the Internal Control Board will make after analysis of the case.  I, as complaining party, understand all the avenues for appeal and will use them appropriately | I, as responding party, will accept the solution and decision the Internal Control Board will make after analysis of the case.  I, as responding party, understand all the avenues for appeal and will use them appropriately |
| Date, Full name, Signature (scan is acceptable) | Date, Full name, Signature (scan is acceptable) |

**Solution - TO BE FILLED OUT BY ECB**

## Case Summary:

## Case Analysis:

**Claim # 1:**

**Analysis:**

**ECB finds Claim # 1 to be (valid/invalid) because:**

**Claim # 2:**

**Analysis:**

**ECB finds Claim # 2 to be (valid/invalid) because:**

**Claim # 3:**

**Analysis:**

**ECB finds Claim # 3 to be (valid/invalid) because:**

**Solution - TO BE FILLED OUT BY ECB and revised by ICB**

**Recommendations/Mandatory Actions:**



**Compensatory Actions:**



|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses:** | **Yes/No** | **Sum of expenses(USD) made that can be proved by documentary evidences and claimed to be reimbursed** | **Clarifications** |
| EP/OP fee |  |  |  |
| Travel Expenses |  |  |  |
| Travel Insurance |  |  |  |
| Visa Expenses |  |  |  |
| Other expenses |  |  |  |

**Follow up:**

