**Official Case Application**

Before filing your case to the ICB, please ensure that the case has tried to be resolved in the following manner:

1. Trying to resolve the situation between the two LC’s
2. Trying to resolve the situation between the two MC’s
3. In case both the previous stages did not result in a prompt solution then the ICB is to be approached.

Once you have determined that the ICB will be approached you must:

1. Fill out the Official Case Application in this document
2. Important! Along with submitting this countries must sign the last paragraph stating that they have brought the case forward to the ICB for arbitration and after an analysis of the case the ICB will find a solution and take a decision on the case. They will accept and act on that decision.

From that point, the country responding to the claim will have ONE WEEK\* to submit the response.\*\*

**\*** Each party has one week to respond to our email. In case more time is needed, they will have to mail us for more time (how much time and why). If we does not get any information or response in one week, ICB will proceed with case-solving without those details with all the consequences for not-responding party.

**\*\***The entire process will have to be quicker in case the case is of an ONGOING traineeship, in which case the Intern or Company needs a solution ASAP. In this case we will change all one-week timelines to 3 days.

Once we have received the response to the claim we will email the countries to provide us additional information which needs to reach us **ONE week** from the date of the email. In case the country cannot meet this deadline then the country can ask for additional time, mentioning the time needed and the reasons for the same.

Once all information is received, the ICB will provide a recommendation within **FOUR WEEKs**.

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:** |  |
| **TN/EP Identification number:** |  |
| **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 Program 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/TN organization with dates. Please be concise and factual, and leave out any emotional information.

Please note: If Claiming Country 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 TN organization/Intern** |  |
| **Proof** *(please place it her or put a link to attached document)* |  |
| **Additional Information** |  |
|  |  |
| **Response: XPP 1 Violated** |  |
| Do you accept/deny this claim? |  |
| **Experience with TN organization/Intern** |  |
| **Proof** *(please place it her or put a link to attached document)* |  |
| **Additional Information** |  |

**Claim 2**

|  |  |
| --- | --- |
| **Claimed XPP 2 Violates**  *(please include the policy number if possible e.g.* ***2.4(EP)****)* |  |
| **Experience with TN organization/Intern** |  |
| **Proof** *(please place it her or put a link to attached document)* |  |
| **Additional Information** |  |
|  |  |
| **Response: XPP 2 Violated** |  |
| Do you accept/deny this claim? |  |
| **Experience with TN organization/Intern** |  |
| **Proof** *(please place it her or put a link to attached document)* |  |
| **Additional Information** |  |

**Claim 3**

|  |  |
| --- | --- |
| **Claimed XPP 3 Violates**  *(please include the policy number if possible e.g.* ***2.4(EP)****)* |  |
| **Experience with TN organization/Intern** |  |
| **Proof** *(please place it her or put a link to attached document)* |  |
| **Additional Information** |  |
|  |  |
| **Response: XPP 3 Violated** |  |
| Do you accept/deny this claim? |  |
| **Experience with TN organization/Intern** |  |
| **Proof** *(please place it her or put a link to attached document)* |  |
| **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** |
| TN/EP fee |  |  |  |
| Travel Expenses |  |  |  |
| Travel Insurance |  |  |  |
| Visa Expenses |  |  |  |
| Other expenses |  |  |  |

**Current Situation**

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

**Contact Information**

Please provide contact numbers and email addresses of all the parties involved so that the ICB can contact them directly if needed. (Please add Cells if needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Contacts** | | **Contacts** | |
| **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 International Control Board will make after analysis of the case.  I, as complaining party, understand all the avenues for appeal (Supporting Document G) and will use them appropriately | I, as responding party, will accept the solution and decision the International Control Board will make after analysis of the case.  I, as responding party, understand all the avenues for appeal (Supporting Document G)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 ICB**

**CASE ANALYSIS**

**POLICIES VIOLATED**

**Recommendations and Compensatory Actions**

**Recommendation**

**Compensatory Actions**

**Follow up**