



00059 – Form - Appeal Form

By filling in this form you are requesting to appeal a judgement made against you. This may be by way of a response to a complaint, or result to an assessment.

This form serves you to begin the appeal process in relation to a judgement that has been made against you. This form must be lodged to the CEO, or their delegate, within 7 days of you receiving a judgement.

A written response will be issued to you within 7 days.

Name:

Contact Details:

Please detail in full, your reason for the appeal:

Signature:

Date: / /

We will be in contact within 7 days, Thank You

OFFICE USE ONLY

Received by:

Appeals Number Issued:

Date: / /

Action taken:

Date of response: / /

Follow up date: / /

Specify improvement possible based on appeal: _____
