

# Appeal Form

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

This form serves to begin the appeal process in relation to a judgment that has been made against you. This form must be lodged to the CEO, or their delegate, within 20 days of you receiving a judgment.

A written response will be issued to you within 20 days.

Name: \_\_\_\_\_

Contact Details: \_\_\_\_\_  
\_\_\_\_\_

Please detail in full, your reason for the appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date:     /     /

**We will be in contact within 20 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: \_\_\_\_\_

