

Appeals Form

By completing this form you are requesting to appeal a judgment made against you.

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 Office Administrator within 7 days of you receiving a judgment.

A written response will be issued to you within 21 days.

Date	Click here to enter text.
Name	Click here to enter text.
Contact Numbers	Click here to enter text.
Please detail in full, your reason for an appeal	
Click here to enter text.	
Signature	

OFFICE USE ONLY

Received by		Appeal Number Issued	
Date		Given to <Position>	
Date Issued		Follow up Date	
Action Taken			
Specify possible improvement based on complaint			