

## Assessment Appeal Form (SB013)

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

This form serves to begin the appeal process in relation to an assessment judgment that has been made against you. This form must be lodged with the Training Coordinator within 7 days of you receiving a judgment.

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

<b>Date</b>	
<b>Name</b>	
<b>Phone Number</b>	
<b>Please detail in full the details and reasons for the appeal.</b>	
<b>Signature</b>	

**OFFICE USE ONLY**

<b>Received by</b>		<b>Date</b>	
<b>Date Issued</b>		<b>Follow up Date</b>	

**Action Taken**

**Specify possible improvement based on complaint**