

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.

Date	
Name	
Phone Number	
Please detail in full the details and reasons for the appeal.	

Signature

OFFICE USE ONLY

Received by		Date	
Date Issued		Follow up Date	
Action Taken			
Specify possible improvement based on complaint			