

Application for internal review

You may use this form if you have been refused access to information or correction of personal information, or if you want review of a decision to charge a fee. Lodge the completed form with the organisation that handled your initial Application.

Your name and contact details:	
Title (please circle): Ms / Mrs / Miss / Mr / Dr / _____	Postal Address: _____
First Name: _____	_____
Family Name: _____	_____
Phone: (B/H) _____ (A/H) _____	_____
Email: _____	Fax: _____

Details of your initial Application
Date you made Application: _____
Reference number provided by organisation (if any): _____

Are you seeking review of (please tick)	
<input type="checkbox"/> Decision to refuse access	
<input type="checkbox"/> Decision to charge a fee	
<input type="checkbox"/> Decision about correction	
<input type="checkbox"/> No decision received within time	
Name the Organisation that made the decision: _____	
Name the person who made the decision: _____	
What was the date of the decision: _____	
What date did you receive the notice of the decision: _____	Your Application may be refused if it is over 30 days since you were notified of the decision.

Reasons for seeking internal review: Why are you unhappy with the organisation's decision? _____ _____ _____ _____
