



Review of Decisions (First Tier Appeal) Application

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by a client to appeal a decision made by the Department of Communities and Justice (DCJ), or appeal a decision made by a community housing provider about eligibility for social housing. Please attach any relevant documentation or additional information that you think may assist the review. Once completed please send the form to the relevant social housing provider. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please mark relevant boxes with a . If you need more room to answer any question, please include details on a separate page and attach it to this form.

Client reference number

Application reference number

T-File number

Your details

Title

Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town or Suburb

Postcode

Phone

Mobile

Email

Do you require an interpreter?

Yes

No

List preferred language below

Language

Advocate or other contact person

I would like another person to act as a representative on your behalf, or would like someone else to know the details of your appeal (for example a support worker), please complete this section.

Name of advocate (please print)

Agency

Phone Number

What decision would you like reviewed?

