

Appeals Form

Appeals: Are a request to have an official decision reviewed as you don't agree with the outcome.

Appeal Type

Please tick the box to indicate what your appeal is about

- | | |
|--|---|
| <input type="checkbox"/> Rent Subsidy Review | <input type="checkbox"/> A decision made about maintenance to your home |
| <input type="checkbox"/> Repair charges | <input type="checkbox"/> A decision made about modifications to your home |
| <input type="checkbox"/> Water usage charges | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tenancy Issues | |

CONTACT DETAILS

Name:

Address:

Phone:

Email:

Appeals Details (What decision did we make that you want changed?)

Have you already discussed this matter with a staff member? Yes No

Were you told why the decision was made? Yes No

Have you provided further evidence to support your appeal? Yes No

Thank you – your feedback will now be recorded in our system

How would you like to be contacted? Phone Email Letter

Would you like us to contact you directly or a support worker? Support Worker Applicant

Name:

Signature:

Date:

External Review Options

The Housing Appeals Committee (HAC) is an independent organisation that will review decisions made by Social Housing Providers once an internal appeal has been completed.

For further information on what they can or can not review refer to www.hac.org.au

Please return completed form to

Dreamtime Housing
PO Box 30
Coonamble NSW 2829

Or
Email: admin@dreamtimehousing.com.au