

I WOULD LIKE TO APPEAL AGAINST A DECISION



ARGYLE HOUSING

PO Box 1026, Bowral 2576.

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This form is to be used when you want to appeal against a decision we have made and that you do not agree with.

MY DETAILS

First Name: _____ Surname: _____ Mr Mrs Miss Ms
Current Address: _____
Street: _____ Suburb: _____ State: _____ Postcode: _____
Phone: _____ Email: _____

I would like to appeal the following decision/s:

Please tell us what decision we have made that you are unhappy with e.g. refused your transfer request

The reasons I am appealing are:

Tell us why you don't agree with the decision

I would like you to:

Please let us know what you want us to do e.g. Have another talk with you, reconsider our decision

I WOULD LIKE TO APPEAL AGAINST A DECISION



I want my details to remain confidential

Signature:

Date:

Please submit this form as follows:

By email to: complaints@argylehousing.com.au

By post to: Complaints & Appeal Officer
Argyle Housing
PO Box 1026
Bowral NSW 2576

In person: To any Argyle Housing Office