

# Application for internal review

(Information Act, s.38)

Use this form if you have been refused access or correction, or if you want review of a decision to charge a fee. Lodge the completed form with the organisation that is handling your access or correction application.

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

<b>Details of your access or correction application</b>
Date you made application: _____
Reference number provided by organisation (if any): _____

<b>Type of decision you are seeking review of</b>	
<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	
<b>Organisation that made decision:</b> _____	
<b>Person who made decision:</b> _____	
<b>Date of decision:</b> _____	
<b>Date you received notice of the decision:</b> _____	Your application may be refused if it is over 30 days since you were notified of the decision.

<b>Reasons for seeking internal review:</b>
Why are you unhappy with the organisation's decision? In what way do you think the organisation's decision was wrong?
_____
_____
_____
_____

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