

ACT Financial Assistance Scheme Request for an Internal Review

Please complete this form if you are requesting the internal review of a decision.

Privacy Notice: The Victims of Crime Commissioner is collecting your personal information in order to assess your application for financial assistance in accordance with section 31 of the Victims of Crime (Financial Assistance) Act 2016. This information may be disclosed to The ACT Civil and Administrative Tribunal for the purpose of hearing a review should you ask for a review of the Commissioner's decision. In general the material in our possession is not released to other people, however we may be required to produce documents to a court where there is a legal requirement to do so. Should you obtain legal representation for your claim a copy of the application and medical evidence collected may be provided to the solicitor. Victim Support ACT and the Victims of Crime Commissioner are required to comply with the Health Records (Privacy and Access) Act 1997, the Territory Records Act 2002 (ACT), the Information Privacy Act 2014 (ACT) and the Freedom of Information Act 1989 (ACT).

Name

Date of birth

Application
number

Decision

Please describe the decision you would like us to review

Please state the reason/s you would like us to review this decision, please attach a sheet to this form if there is insufficient space.

Please attach any information that you think we be useful when we are reviewing this decision. You may want to attach a copy of the letter that we sent you outlining the decision or any extra information that you have in relation to the decision we made.

Signature

Date