



Appeal Report Form

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Issue Number: 01
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Appeal Ref No.	
Date of Appeal	
Time	
Received By	
Mode of Receipt	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> Other:
Raised By (Name)	
Status	<input type="checkbox"/> Client <input type="checkbox"/> Interested Party <input type="checkbox"/> Other:
Appeal Against Decision On:	
Decision Communicated Via	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other:.....
Has the complaint been validated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Validated By / Basis	
Description of Appeal:	
Report by Impartiality Committee:	
Client shared details during hearing:	
Conclusion by Impartiality Committee:	
Client / Initiator Informed via	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Letter Date:
Analysed By	
Closed By	
Authorised by (Management Representative / Top Management)	
Signature / Date	