



OmbudsmanSA

## Access to Claims File - Application for Review Section 180 Return to Work Act 2014

\* indicates required field

Name of Compensating Authority concerned\*

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Reference or file number of your claim with the Compensating Authority \*

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Date of initial decision of request for access to your RTW Claims file (day/month/year if possible)\*

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Date of internal review decision (day/month/year if possible)\*

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Date on which you were notified of the internal review decision (day/month/year if possible)\*

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If you are lodging this application more than 30 days after the day you received notification of the compensating authority's internal review decision, why do you say the Ombudsman should consider your application even though it is lodged out of time?

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What aspect of the decision are you dissatisfied with? You must explain why you say that the requested material is not exempt. \*

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Are there any other aspects of the Compensating Authority's handling of your request that you are dissatisfied with?

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Whom in the Compensating Authority have you had contact with?

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Will you be posting / emailing us any supporting documents?

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Do you have any special needs that we should consider? If so, please detail.

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Any other relevant information

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Your name (title, first name, family name)\*

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Your address\*

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Your phone number\*

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Your email address\*

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Date: .....