



## **Application for Review of a Reviewable Decision under Part 6**

Use this form to request a review of a decision about social housing.

Only some types of decisions can be reviewed.

If you have a complaint about another matter, you can use the department's [complaints form](#) at [www.complaints.services.qld.gov.au/](http://www.complaints.services.qld.gov.au/)

### **What you can ask us to review**

The decision you want reviewed must be about one of the following:

- Your eligibility for a Social Housing Service
- The type of housing you get (e.g. you are approved for a unit but want to apply for a house, or you believe you need more bedrooms than allocated)
- The place where housing is provided (e.g. you want to live in a different area to the area or areas you have been allocated),

### **When to apply**

You must submit this form within 28 days of the decision.

If it's been longer than 28 days, you can submit the form and we'll let you know whether we can review the decision.



**This form is to be used for an application under Section 65 of the *Housing Act 2003* (the Act) to apply for review of a decision under Section 63, 1a, 1b & 1c (i.e. Eligibility, Type & Place) of the Act relating to the provision of a social housing service.**

An application for review under Section 65 of the Act must be made by completing this approved form and be supported by enough information to enable the Director-General of the Department of Communities, Housing and Digital Economy (CHDE) or delegate to decide the application.

The completed form and any supporting documents are to be forwarded to Regulatory Services, Department of Communities, Housing and Digital Economy, GPO Box 690, Brisbane 4001. For enquiries, telephone (07) 3013 2666 or Email [regulatoryservices@chde.qld.gov.au](mailto:regulatoryservices@chde.qld.gov.au)

**Privacy Statement – Please Read**

Information on this application form is collected for purposes related to determining and implementing a decision and will be given to other persons as necessary to assess and resolve the issues raised. The department may also use this information for its housing-related research, policy or planning functions. Personal information will only be disclosed to third parties with your consent or in accordance with the Queensland Government’s *Information Privacy Act 2009*.

Department Reference No.						
Details of Applicant/s	(please circle)	Mr	Mrs	Miss	Ms	Other.....
Name	First Name:	Last Name:				
Contact Address						Post Code
Telephone (Home)	(Work)		Mobile			
Email Address						
Do you require an interpreter or other assistance?		(please circle)	Yes	No		
If yes, what language or type of assistance?						
If you would like another person to act as a representative on your behalf (for example, support worker, solicitor, financial advisor, counsellor, doctor), please complete this section. By providing details in this section and signing this application form, you authorise and consent to the Department and its officers contacting the person/s named, disclosing your personal information to the person/s and their agency (if applicable) and for the person/s to make representations on your behalf.						
Name of representative						
Agency (if applicable)						
Contact Address						Post Code
Telephone (Home)	(Work)		Mobile			
Email Address						
<b>Reviewable Decision Details</b>						
Circle the decision you are applying for a Review.		<b>(A) ELIGIBILITY</b>				
		<b>(B) TYPE</b>				
		<b>(C) PLACE</b>				
Name and office of decision maker						
Date of the decision						

