WA NDIS: Decision review request / appeal form

You may choose to use this form to lodge a Decision Review Request and an Appeal about WA NDIS decisions.

Once completed, this form can be given to your Local Coordinator to start the Decision Review process. If you are not satisfied with the outcome of the Decision Review then you may wish to proceed to an Appeal. All Appeals are referred to the WA NDIS Appeal Panel for consideration.

**Assistance:**

For information about the Decision Review and Appeal Process please phone the Department of Communities (Disability Services) Consumer Liaison Service on 08 9426 9244, 1800 998 214 or email [clo@dsc.wa.gov.au](mailto:clo@dsc.wa.gov.au). You can request help to complete this form by contacting your Local Coordinator. Alternatively, you can choose to enlist the help of an Advocate who can also support you through the Decision review and Appeal process.

You can access an interpreter by calling 133 677.

| Your Details (person lodging the decision review request and/or an appeal) | |
| --- | --- |
| Full name:  (legal name) | Enter text here |
| Address: | Enter text here |
| Postcode: | Enter postcode |
| Contact details: | Home phone: Enter number Mobile: Enter mobile number  Email: Enter email address |
| Do you identify as Aboriginal or Torres Strait Islander?  Yes  No  Unsure | Are you from a culturally and linguistically diverse background?  Yes. Specify the background: Enter text..  No  Unsure |

|  |  |
| --- | --- |
| Consumer details if different to above | |
| Full Name:  (legal name) | Enter text. |
| Address: | Enter address |
| Postcode: | Enter postcode |
| Contact details: | Home phone: Enter number Mobile: Mobile number  Email: enter text |

|  |  |
| --- | --- |
| Complete this section if someone is assisting you with the decision review request and/or appeal, for example, a family member, carer, guardian, advocate or friend | |
| Name: | Enter text |
| Relationship to you: | Enter text |
| Organisation if applicable: | Enter text |
| Address: | Enter address. |
| Contact details: | Home phone: Enter text Mobile: Enter text  Email: Enter text |

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| --- |
| What type of decision is the subject of the review request/s and/or appeal? (please select relevant option below) |
| Eligibility  Reasonable and necessary funded supports in the plan  Self-management of funds  Extension of grace period  Review of WA NDIS Plan  Application of compensation reduction amounts |

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| On what basis do you think the decision/s should be changed? If you are lodging more than one decision review request, please outline your reasons for each request separately. |
| Write your reasons here. |

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| What outcomes are you seeking from the decision review request/s and/or appeal? If you are lodging more than one decision review request, please outline your outcomes for each request separately. |
| Write your outcomes that you seek here |

Enter signature

Signed by person lodging the decision review request

Date: Enter date

### Lodging this form:

**In person:**

At the reception of any local Department of Communities office:

Addressed: Private and Confidential (your Local Coordinator’s name)

**Via the Consumer Liaison Service:**

Department of Communities

Consumer Liaison Service

146-160 Colin Street West Perth

Email: [clo@dsc.wa.gov.au](mailto:clo@dsc.wa.gov.au)

Last updated: November 2018