



INFORMAL REVIEW: REQUEST

Important notes

Please complete the attached form outlining your request for an informal review.

It is important that along with your personal details, you provide:

- The date of the TAC's decision(s) you wish to have reviewed
- The reasons for your request for review
- The information you want considered as part of the review
- Any other additional information in support of your request for review (not mandatory)

Where do I send my request for an informal review?

Correspondence to:

TAC Review Manager
GPO Box 2751
Melbourne Vic 3001
Email: review@tac.vic.gov.au

What happens next?

The TAC Review Manager will write to you within 10 working days of receiving your request, acknowledging your request for an informal review and explaining the next steps in the review process.

If you later decide you do not wish to continue with the informal review process or elect to take your issue to the Victorian Civil and Administrative Tribunal (VCAT), please contact us on 1300 654 329 and your review will be withdrawn.

Please note that there is a 12 month statutory time limit from the date of TAC's decision letter to make an application with VCAT.

Your privacy

The TAC respects your privacy. The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.

Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment.

If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at www.tac.vic.gov.au

Client details

Client name

Client address

Post code

Claim no.

Date of birth

Date of accident

Work telephone no.

Home telephone no.

Mobile telephone no.

If completing this form on behalf of the TAC client, please provide the following information

Name

Address

Post code

Relationship to client

Telephone no.

Authorisation

I hereby authorise

Print name

to discuss any information about my request for an informal review with TAC employees.

Signature of client, parent or guardian

Print name

Date

Details about the request for review

Decision date

Please list the decision(s) you wish to have reviewed

Please outline the information you would like the TAC Review Manager to consider as part of your request for review

Please explain the reasons why you believe the TAC's decision is incorrect
You may also include any additional information in support of your request