



**ACCESS TO INFORMATION**  
**Appeals form**

Name .....

Address .....  
.....  
.....

e-mail address .....

Home No. (.....).....

Mobile No. ....

Work No. (.....).....

We need to know how to contact you to resolve your appeal as quickly as possible. Please tell us your preferred method of contact:

.....

Please enter our reference number of the decision you are complaining about? What was the date of the decision you are appealing?

.....

Please enter the Officer's/Councillor's name you previously spoke with?

(Officer/Councillor) .....

(Dept) .....

Have you approached the Officer about your dissatisfaction with this matter?

Yes / No

If so, what was the outcome?

.....  
.....  
.....

Please detail your complaint below?

.....  
.....  
.....  
.....  
.....  
.....

Are you complaining on behalf of someone else? Yes / No

If yes, please provide name and address:

.....  
.....  
.....

What is your relationship to this person?

.....

If you are complaining on behalf of someone else we will need to contact them to verify certain details of the complaint. Please enter their preferred contact method below.

.....

What is your desired outcome?

.....  
.....  
.....  
.....  
.....  
.....

Once completed please return this form to Information Management Team at County Hall, High Street, Newport, IW. PO33 1UD



Please note that this form may be shown to any Officer, Data Processor or Councillor involved either with the original decision or to enable your complaint/appeal to be processed fully. All personal information provided by you is processed in accordance with the Data Protection Act 1998.