

Subject:	Request for Review of Decision	Ref. No.	FES-COR-002
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Date:

Name:

RACS ID (if applicable):

Telephone: Mobile:

Landline:

Email:

Please indicate to which group you belong:

Fellow Trainee IMG Outside RACS (please specify – example Junior Doctor)

Request Details

What decision would you like reviewed?

Which Board or Committee of RACS made the decision you would like reviewed and why do you want it reviewed?

How has this affected you?

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Consent

In seeking this review I acknowledge that the information will be made available to relevant Fellows and staff, as well as specialty society staff as relevant when the decision maker is supported by a specialty society under agreement with RACS. The general nature of this request for review, and, when necessary, identifying information may be provided to the relevant employing hospital(s) or institution(s) involved with this complaint. (See RACS Privacy Policy).

I, (print your full name and RACS ID if applicable)

permit RACS to disclose my identity and the details of my complaint to other parties (or parties specified below) in the management of my complaint.

Assessor /Examiner , Training Board , Witness (s) Names/Contact Details

Signed: _____

Dated: -----/-----/-----.

Please submit your signed completed form to the complaints mailbox:

complaints@surgeons.org

If you have not received acknowledgement of your complaint within 3 business days or for any queries please contact the Manager Complaints Resolution via the Complaint Hotline: (AU) 1800 892 491, or (NZ) 0800 787 470

Thank you for raising your complaint with RACS.