**Your name:**

This form is to assist people affected by decisions of Child Protection to request a review of a decision by <name> a senior officer of the department. You do not have to complete this form to seek a review. Some form of written request will assist the person reviewing the matter to understand your point of view.

**Request for a Review of a Child Protection Decision**

**The name of the child(ren)/young person(s) subject to the decision: <child’s name>**

**Today’s date:**

**What decision or decisions do you want to have reviewed?**

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**Why do you want them reviewed?**

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**What is the outcome you want?**

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When you have completed the form, please give it to the child protection practitioner or send it to the reviewing officer at <address>.

You will be contacted as soon as possible about your request and reviews are normally completed within 28 days after receipt of the request. You will be advised if the review will take longer. You will be advised in writing of the outcome of the review.

Official Use Only

Date Received:

Date of Review:

Date Outcome Advised:

Child Protection Form: Request for a Review of a Child Protection Decision

Department of Health and Human Services

