

Appeal Form

By completing this form, you are requesting to appeal the decision pertaining to your complaint to KMR Safety First. This form must be submitted to the CEO of KMR Safety First within 7 working days of you receiving the complaint decision to begin the appeal process. The matter will be deemed closed and settled if no response is lodged within 7 working days.

A written reply will be forwarded to you within 7 working days.

Name:		Date:	___ / ___ / ___
Email Address:		Contact Number:	
Street Address:		Complaint Number:	

You have the right to select a mediator to represent your concerns or you can choose to use KMR Safety First's preferred industry mediator or have no representation.

Please select mediator choice	Selection of Mediator	Tick Choice
KMR Safety First's mediator:	KMR Safety First's Mediator Name	<input type="checkbox"/>
<i>(Write name)</i> Your mediator choice:		<input type="checkbox"/>
No mediator required:	No representation	<input type="checkbox"/>

In the box below, please provide as much information as possible, and detail all aspects and concerns in full for your reason to appeal the complaint decision. Extra information can be added along with this form if required.

Signature:	
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OFFICE USE ONLY

Received by:		Date:	___ / ___ / ___
Appeal given to:		Appeal Number:	
Replied by:		Replied Date:	

Action Taken and Outcome:	
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Improvement Required?:	
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