**Appeal to ACAC Form**

**You are required to complete this form and attach it when you lodge your appeal via email to** [**acac@atas.com.au**](mailto:acac@atas.com.au)

**Please note, to ensure procedural fairness is met, the details of your appeal will be shared with the other party.**

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| **Complaint Reference #** |  | |
| **Complainant Name** |  | |
| **Complainant Contact Details** | **Email:** | **Phone** |
| **Address (optional):** | |
| **Date of ATAS Compliance Manager outcome letter** |  | |
| **Date of Appeal to ACAC** |  | |
| **What was the decision by the ATAS Compliance Manager?** | * **That sufficient action has already been taken or is proposed to be taken;** * **That the Agent was required to take particular action; or** * **That no breach of the Code has occurred and the complaint was closed.** | |
| **Please explain why you believe the decision by the ATAS Compliance Manager was incorrect?** |  | |
| **Do you wish to submit any further evidence or documentation to the ACAC for their consideration?** | **Please note: Upon receipt of the appeal, ATIA will provide to the ACAC all communications and documentations that ATIA have received from both parties. Please list file names of any additional documents you wish to submit.** | |