

## Notice of Application to Review - Other (PSR02)

### Suspension/Stand-down / Management Initiated Lateral Transfer / Medical / Other

Please note, the Review Commissioner will not consider Lateral Transfers (unless it is a management initiated lateral transfer).

#### Personal information

Full Name

Surname \_\_\_\_\_ Given name \_\_\_\_\_

Address

Worplace and region \_\_\_\_\_ Rank \_\_\_\_\_ Reg. No. \_\_\_\_\_

Street Address \_\_\_\_\_ Work  Personal

City \_\_\_\_\_ Postcode \_\_\_\_\_

Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Email (work) \_\_\_\_\_

Email (personal) \_\_\_\_\_

Please tick/cross the preferred email contact address for all correspondence. Both boxes may be selected.

#### Details of decision

Type of Review *Suspension/stand down* *Management Transfer* *Medical* *Other*

Decision to be reviewed \_\_\_\_\_

Decision Maker (DM) \_\_\_\_\_

Email of DM \_\_\_\_\_

Delegate of Commissioner of Police (if not DM) \_\_\_\_\_

Email of delegate (if known) \_\_\_\_\_

#### Statutory grounds for review

Section 9.3 of the *Police Service Administration Act 1990* (the Act) provides the statutory grounds for review

#### Planned Leave / Dates of Unavailability

Please provide any dates of unavailability. All correspondence will be emailed to the nominated email address and it is the responsibility of the applicant to check for any correspondence from this office or parties of the review.

#### Declaration (incl. confidentiality)

I declare to the best of my knowledge and belief the information supplied herein is correct and complete. I recognize that it is my responsibility to provide all necessary additional information and documentary evidence to support my application on request by the Review Commissioner.

And I acknowledge that all information I receive as part of the review process is to be kept confidential and used only in accordance with the Act for the purposes of the Review.

Full name:

Date:

Applications to review must be completed and emailed to [OCPSR@ccc.qld.gov.au](mailto:OCPSR@ccc.qld.gov.au)

## Notice of Application to Review - Other

Suspension/Stand down / Management Initiated Later Transfer / Medical / Other

The logo for the Office of the Commissioner for Police Service Reviews (OCPSR) is located in the top right corner. It consists of the letters 'OCPSR' in a bold, blue, sans-serif font, positioned within a blue triangular graphic that points towards the top right.

### Grounds to have decision reviewed

Please provide below a dot point summary of the issues relevant to your application for review. Please be specific in listing your concerns. This should include a dot point summary of either the manner in which you believe the decision was flawed and/or how you believe the Decision Maker erred in their decision.

**You will be invited to provide a more detailed submission addressing your concerns once all the relevant material has been provided by the Decision Maker (or delegate).**

#### Privacy Collection Statement

The collection of this information is authorised by the *Police Service Administration Act 1990* (Qld). The information on this form will not be disclosed without your consent unless such use or disclosure is authorised or required by law, including the *Police Service Administration Act 1990* (Qld), the *Right to Information Act 2009* (Qld) and the *Information Privacy Act 2009* (Qld). You may seek access to personal information that the Office of the Commissioner for Police Service Reviews holds about you. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the Review Commissioner by email at [OCPSR@ccc.qld.gov.au](mailto:OCPSR@ccc.qld.gov.au) or by telephone 3360 6387.