



COMMUNITY SERVICES

REQUEST FOR INTERNAL REVIEW

LAST NAME	FIRST NAME	CASE ID
ADDRESS	POSTAL CODE	TELEPHONE NUMBER

Please read:

• This request must be completed and returned to the office within 30 (thirty) calendar days of receiving this form.

When you request an internal review:

- Someone other than the person who made the decision to vary, suspend or cancel your assistance or to deny your application will review the facts of your case and will either confirm or change the decision.
- You MAY receive a call from the person who is reviewing your case.
- You should provide the office with any additional information you have that could help in the review of the decision.
- We must complete the review within (ten) 10 days of receiving your written request for the review.
- You will be informed, in writing, of the internal review decision
- Please attach a copy of the original decision letter.

You may withdraw your request for an internal review. However, if you withdraw your request, you lose your right to appeal the decision to the Social Benefits Tribunal.

I, _____, wish to have a review of the eligibility decision made on _____ (dd/mm/yyyy) for the following reason(s):

If you need more space, please use another sheet of paper.

Signature _____
Date _____

Please return to: Dufferin County Community Services, 30 Centre Street, Orangeville, L9W 2X1

For Office Use Only

Review Decision:

Upheld Reversed Varied Withdrawn

Date _____ Supervisor _____

COUNTY OF DUFFERIN

30 Centre Street, Orangeville, ON L9W 2X1 | 519.941.6991 | dufferincounty.ca