Application for Appeal to Compliance Officer

**Appeal of a decision that a significant and wilful breach of the Code of Conduct was committed while in office as a Member (disqualification for separation payment)**

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| --- | --- | --- | --- |
| 1. **Former Member’s Details** | | | |
| Title |  | | |
| Name |  | | |
| Electorate formerly represented |  | | |
| Parliamentary office formerly held (if any) |  | | |
| Telephone number |  | | |
| Postal address |  | | |
| Email address |  | | |
| 1. **Authorised Agent (Optional)** | | | |
| *By completing this section you authorise the person listed below to act on your behalf in relation to the claim and you agree that the Compliance Officer may contact this person on your behalf.*  *(see regulation 16 of the Parliamentary Salaries, Allowances and Superannuation Regulations 2019)* | | | |
| Name of Agent |  | | |
| Office and title (if any) |  | | |
| Telephone number |  | | |
| Postal address |  | | |
| Email address |  | | |
| 1. **Details about the separation payment** | | | |
| Date of ceasing to be a Member | dd / mm / yyyy | | |
| Amount received by the former Member as a separation payment | $ | | |
| 1. **Decision by the Clerk of a significant and wilful breach** | | | |
| Date of the decision by the Clerk | dd / mm / yyyy | | |
| Which Clerk made the decision? | Clerk of the Legislative Assembly  Clerk of the Legislative Council | | |
| Is a copy of the Clerk’s decision attached to this application? | Yes |  | Please explain why the original decision cannot be provided: |
| No | *If no* |
| Why do you believe the decision is wrong?  *Please give detailed reasons.*  *Please attach any supporting information you consider to be relevant.* |  | | |
| **Declaration**  *I confirm that this appeal is being made within 28 days of being advised by the Clerk that I committed a significant and wilful breach of the Code of Conduct in connection with my period in office as a Member.*  *I certify that all statements made are, to the best of my knowledge, true and accurate.* | | | |
| **Former Member’s signature** |  | | |
| **Date of signature** | dd / mm / yyyy | | |

**Lodge this form by email at compliance.officer@remunerationtribunal.vic.gov.au**

***Collection Notice***

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