

COMPLAINT FORM

The Australian Human Rights Commission investigates and conciliates complaints about discrimination and breaches of human rights.

We will need to contact you about your complaint, so please provide your name and contact details, including one contact number if possible. If you do not provide this information we may not be able to deal with your complaint.

We will use the information you provide to assess, investigate and/or conciliate your complaint. We will usually provide a copy of your complaint (excluding your contact details) to the person or organisation you are complaining about and, if necessary, others who have relevant information about your complaint. By completing and submitting this form you consent to the Commission using your information for these purposes. If you have any questions about this or need help to complete this form please contact our National Information Service on 1300 656 419 or 02 9284 9600.

Your personal information will be used and stored in accordance with the Privacy Act 1988 (Cth). The Commission's privacy policy is available on our website at www.humanrights.gov.au.

Part A – About you, the complainant

First name

Last name

Address

Suburb

State/Territory

Postcode

Email

Title

Phone (AH)

Phone (BH)

Mobile

Fax

TTY

If you require assistance to participate in the complaint process, please outline the assistance you require

Acting on behalf of another person

If you are complaining on behalf of someone else, please provide the following details about this person.

details about this person.
Title
First name
Last name
Address
Suburb
State/Territory
Postcode
What is their relationship to you?
Please advise if they need assistance to participate in the complaint process and the kind of assistance they need
Your representative
If someone is assisting you with the complaint, for example, a legal representative, advocate or union representative, please provide the following details about this person.
Title
First name
Last name
Position
Organisation
Address
Suburb
State/Territory
Postcode
Email
Phone (BH)
Mobile
Fax
TTY
Please advise if they need assistance to participate in the complaint process and the

Please advise if they need assistance to participate in the complaint process and the kind of assistance they need

Part B – Who is the complaint about?

Respondent 1

Name of person or organisation
ABN of organisation
Address
Suburb
State/Territory
Postcode
Email
Phone (BH)
Mobile
Fax
TTY
What is your relationship to this respondent?
Respondent 2
Name of person or organisation
Name of person or organisation
Name of person or organisation ABN of organisation
Name of person or organisation ABN of organisation Address
Name of person or organisation ABN of organisation Address Suburb
Name of person or organisation ABN of organisation Address Suburb State/Territory
Name of person or organisation ABN of organisation Address Suburb State/Territory Postcode
Name of person or organisation ABN of organisation Address Suburb State/Territory Postcode Email
Name of person or organisation ABN of organisation Address Suburb State/Territory Postcode Email Phone (BH)
Name of person or organisation ABN of organisation Address Suburb State/Territory Postcode Email Phone (BH) Mobile
Name of person or organisation ABN of organisation Address Suburb State/Territory Postcode Email Phone (BH) Mobile Fax

Note: If you are complaining about more than two people or organisations, please provide information about each additional person or organisation

Part C – What are you complaining about?

For information about the types of complaints the Australian Human Rights Commission can consider please go to AHRC Complaints webpage.

Please select the appropriate box/boxes below. I believe I have been discriminated against because of my what is your age? disability what is your disability? association with a person with a disability what is the person's disability? status as a person with a disability who uses an assistance animal or disability aid or has a carer sex what is your sex? pregnancy marital or relationship status what is your marital or relationship status? family responsibilities sexual orientation what is your sexual orientation? gender identity what gender do you identify as? intersex status race (this includes race, colour, national origin, descent, ethnicity and immigrant status) what is your race? I believe I have been sexually harassed I believe I have experienced racial hatred What is your race?

	I belie my:	eve I have been discriminated against in my employment because of		
		trade union activity		
		criminal record what is your criminal record?		
		religion what is your religion?		
		political opinion what is your political opinion?		
		eve my human rights have been breached by a Commonwealth nment body		
	I believe I have been victimised because I made a complaint or tried to make a complaint about discrimination			
When	did th	e alleged event/s happen?		
allegir month happe	ng unla s after ned m	esident of the Commission can decide not to investigate into a complaint wful discrimination where the complaint is lodged more than six (6) the alleged events(s) happened. If the event(s) being complained about ore than six months ago, please explain the reasons for the delay in mplaint to the Commission.		
	•	its made under the Sex Discrimination Act 1984 (Cth), the relevant time inty four (24) months.		
		ts alleging human rights breaches and discrimination in employment D Convention, the relevant time frame is twelve (12) months.		
Reasc	ns for	the delay in lodgement:		

What happened?

Describe the event that you want to complain about. We need to know what you say happened, where it happened and who was involved. Please give us all the dates and other details that you can remember.

If you are complaining about employment, please ensure you tell us when you

		II employed	

Supporting documents

examplease	e attach copies of any documents that support the claims in your complaint. For ple, letters, separation certificate, doctors certificate. If you cannot do this, e tell us about the documents or other information and how this information can tained.
How	do you think this complaint could be resolved?
chang	kample, a complaint may be resolved with an agreement that a respondent will ge its procedures and/or introduce training or policies on anti-discrimination r take other action to prevent possible discrimination.
Have	you made a complaint to another organisation?
	kample, a state anti-discrimination or equal opportunity agency, a workers ensation agency, the Fair Work Commission and/or an Ombudsman.
	Yes
	No
and th	you must provide the name of the agency, the date the complaint was made no outcome of the complaint, if any. Please also attach copies of any letters ave received from the agency.

Were you re	ferred to the Commission by another organisation?			
If you were referred, please advise the organisation that referred you				
Part D - I	Lodging the complaint			
Name/Signat	ture:			
Date:				
Please send	the complaint form to the Commission by:			
Post:	Australian Human Rights Commission			
	GPO Box 5218			
Fax [.]	Sydney NSW 2001 02 9284 9611			
	complaints@humanrights.gov.au			