

Complaint Form (Version 2/09)

Part A – About you	(the complain	nant)	Enquiry reference no:
Name: Mr/Mrs/Miss/Ms:			
Address:			
			Post code:
Contact numbers: Home: .		. Business:	Fax:
Mobile:	TTY:		Email:
Only fill out this box if yo	ou are complai	ning on beha	alf of someone else
Name of that person:			
What is your relationship to	o that person?		
Only fill out this box if so for example a solicitor o			th the complaint –
Name of representative:			
Organisation:			
Postal address:			
Contact numbers: Home:		Business:	Fax:
Mobile:	TTY:	Em	nail:

**If you need help to fill in this form please contact one of our Complaint Information Officers on 1300 656 419 (local call charge) or (02) 9284 9600.

Part B – Your complaint

Who are you complaining about? (the respondent)

Name/organisa	ation:		
Address:			
			Post code:
Contact numbe	ers: Home:	Business:	Fax:
Mobile:	TTY:	Email:	
What is this pe	rson's/organisatior	n's relationship to you?	
Name/organisa	ation:		
Name/organisa Address:	ation:		
Name/organisa	ation:		st code:
Name/organisa Address: Contact numbe	ers: Home:	Po	st code:Fax:
Name/organisa Address: Contact numbe	ers: Home:	Po	st code:Fax:
Name/organisa Address: Contact number Mobile: What is this pe	ers: Home:TTY:	Po	st code:Fax:

If you are complaining about more than two people or organisations, please provide this additional information on an extra page.

Why are you complaining to the Commission?

I	am	com	plaining	because	I believe:

- r I have been discriminated against because of my **sex** (incl pregnancy, marital status, family responsibilities);
- r I have been **sexually harassed**;
- r I have been discriminated against because of my **race**;

 (incl descent, national / ethnic origin, colour, immigrant status, racial hatred);
- I have been discriminated against because I have a **disability**(incl physical, intellectual, psychiatric, learning, work related, medical condition, disease such as cancer or HIV, associates and carers of a person with a disability);
- r I have been discriminated against because of my age;
- r My human rights have been breached by a **federal** government agency; or
- r I have been discriminated against in my **employment** because of my *(please tick which one)*:

m sexual preference

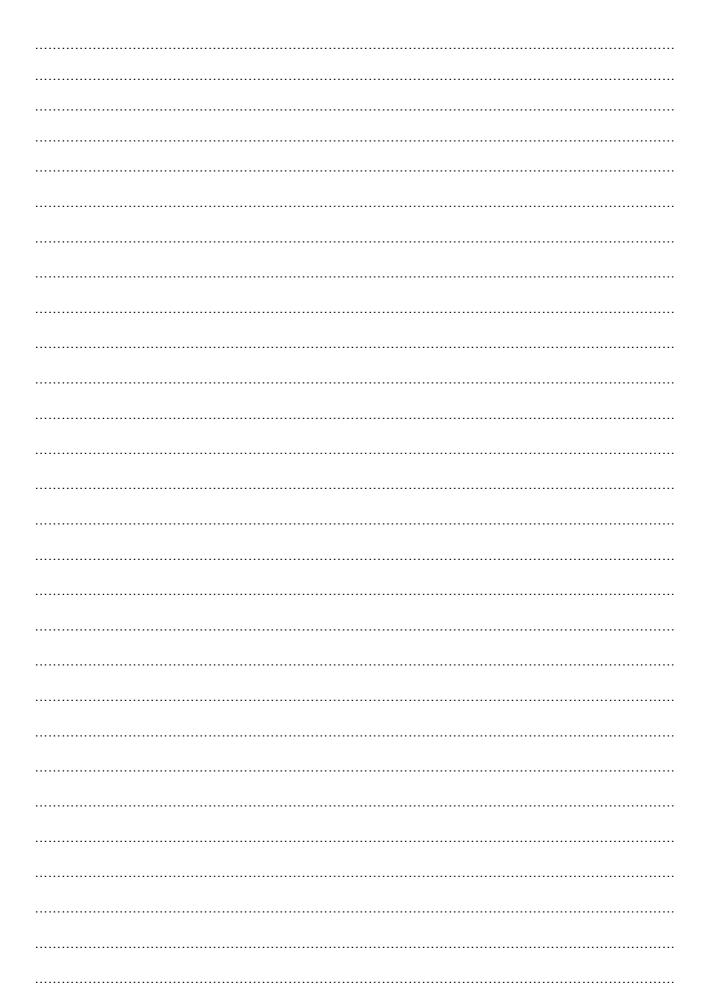
m trade union activity

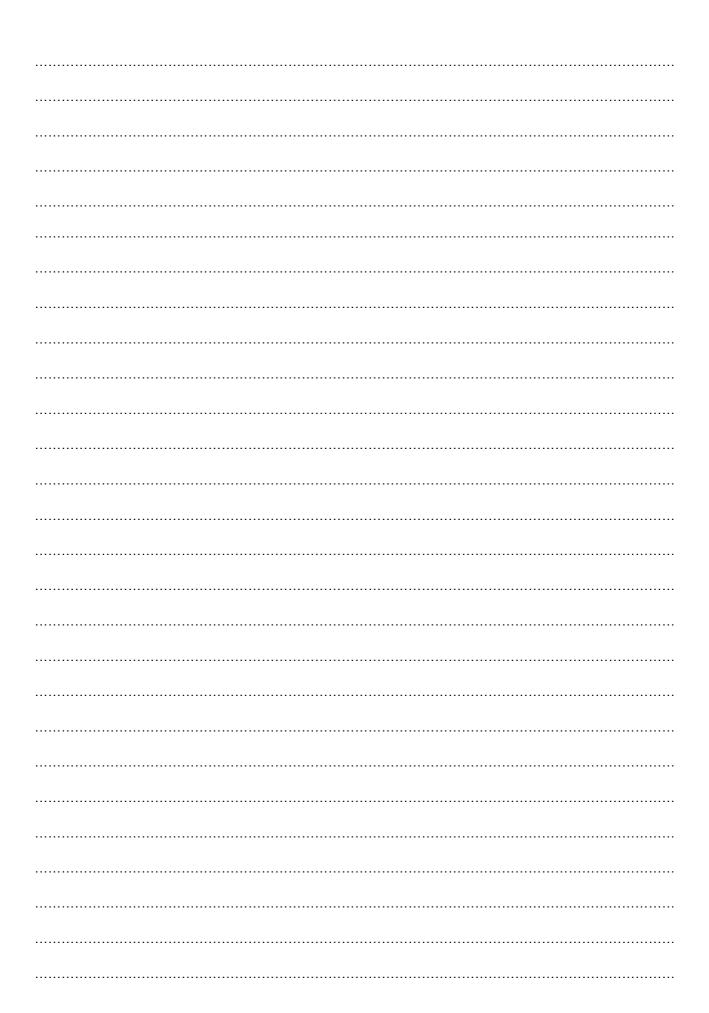
m criminal record

m religious belief

m political opinion

	m pontion
r	I have been treated unfairly for another reason.
Ple	ase state the reason:
Wł	nen did this happen? (Day/month/year)
Wł	nat happened?
hap tha	scribe the events that you want to complain about. We need to know what you say opened, where it happened and who did it. Please give us all the dates and other details t you can remember. If you are complaining about employment, please tell us when you namenced employment, your job title and whether you are still employed.





Signature:	Date:

Part C – Further information

Supporting evidence
Please attach copies of any documents that may help us investigate your complaint (for example, letters, pay slips, doctor's certificates or references). If you cannot do this, please ell us about the documents or other evidence and how this evidence can be obtained.
How has this affected you?
Please tell us how what you are complaining about has affected you?
What outcome are you seeking?

(For example a state anti-discrimination or equal opportunity agency, a compensation agency, an ombudsman or an industrial relations commission.)	ı workers
If so, you must provide details of the complaint, the agency it was made to outcome. You should also attach copies of any letters you have received from the	
	•••••
Have you tried to resolve your complaint in any other way? (For example through an internal complaint process or your trade union.)	
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Have you made a complaint about this to another agency?

Remember

- n to sign and date page 6 of this document; and
- n attach copies of any relevant documents.

Send your completed form to:

Director, Complaint Handling
Australian Human Rights Commission
GPO Box 5218
SYDNEY NSW 2001