

COMPLAINT FORM

Before you make this complaint, please read our brochure *“Making a Complaint”* **or**

phone us on 1300 130 670 **or** use the National Relay Service.

**\*\*EVERYTHING YOU SEND US, INCLUDING YOUR ADDRESS FOR SERVICE, WILL BE COPIED AND SENT TO THE PEOPLE YOU ARE COMPLAINING ABOUT\*\***

If you do not want your details given out, contact the Commission to discuss your options.

You may fill in this form on a computer.

**PART A - Your details (The Complainant)**

Your family name:

Your given name/s:

**Are you making this complaint for someone else?**  Yes  No

IF YES, who for?

Can they make this complaint for themselves?  Yes  No

IF NO, why not?

**Address for Service**

(You must provide a residential, business or post office box address where the ADCQ and the respondent can send you mail. It does not need to be your home address.)

Telephone Home:

Mobile:

Work:

Fax:

Is it ok for us to contact you at work?  Yes  No

Email

Would you prefer your email address be used for the service of documents on you?  Yes  No

Do you require an interpreter when speaking about your complaint?  Yes  No

If yes, please state what language

Do you require any other assistance eg. Word format or large font?  Yes  No

If yes, please state the assistance you require

**PART B - Who do you think has discriminated against you, sexually harassed you, publicly vilified you, victimised you, or taken a reprisal against you? (The Respondents)**

**IF YOU WANT TO COMPLAIN ABOUT A COMPANY:**

**The Company or Organisation:**

Name:

Address:

Telephone:

Is this the organisation **you** work for? Yes  No

IF YES, please provide us with a copy of your payslip or company letterhead or other information such as ABN.

**IF YOU WANT TO COMPLAIN ABOUT INDIVIDUALS:**

**The Person/s:**

**Person 1**

Their Name:

Telephone Home:

Work:

Were **they** at work when they did this?  Yes  No

If they were at work, who do they work for?

Their employer’s name:

Their employer’s address:

Their position or job title:

**PART B – (The Respondents) continued**

**Person 2**

Their Name:

Telephone Home:

Work:

Were **they** at work when they did this?  Yes  No

If they were at work, who do they work for?

Their employer’s name:

Their employer’s address:

Their position or job title:

**Person 3**

Their Name:

Telephone Home:

Work:

Were **they** at work when they did this?  Yes  No

If they were at work, who do they work for?

Their employer’s name:

Their employer’s address:

Their position or job title:

**PART C – Type of complaint (the Grounds)**

**What type of treatment are you complaining of?** (Only check the **box or boxes** that apply to the treatment you are complaining about)

Discrimination because of your or your presumed:

Race

(What is your race, colour, descent, nationality or ethnic origin?)

Sex

(What is your sex?)

Sexuality

(Are you/were you presumed to be homosexual, bisexual or heterosexual?)

Gender identity

(Do you identify as a member of the opposite sex, or are of indeterminate sex and identify as a particular sex?)

Lawful sexual activity as a sex worker

Relationship status

(Are you single, married, separated, divorced, defacto or widowed?)

Pregnancy

Breastfeeding

Parental status

(How many children do you have?)

Family responsibilities

(Which relatives do you care for or support?)

Age

(What is your age?)

Impairment

(What is your impairment?)

Religious belief or activity

(What is your religious belief, non-belief or activity?)

Political belief or activity

(What is your political belief or activity?)

Trade union activity

(What is your trade union activity?)

You associate with someone who has any of the above attributes

(Who, and what attribute listed above do they have?)

Resident of a town near a mine or large resource project

(Where is your principal place of residence?)

(What mine or large resource project are you complaining about?)

**PART C - Type of complaint (the Grounds) continued**

**Sexual harassment:**

Do you think you have been sexually harassed?  Yes  No

**Public vilification because of your:**

Race

(What is your race, colour, descent, nationality or ethnic origin?)

Religion

(What is your religion?)

Sexuality

(What is your sexuality?)

Gender identity

(What is your gender identity?)

**Victimisation:**

Do you think you have been victimised because you complained or supported a complaint about discrimination, sexual harassment or public vilification?

Yes  No

Unnecessary Questions:

Do you think you were asked unnecessary questions about one of the grounds listed?

Yes  No

If YES, which ground?

**Reprisal - Public Interest Disclosure (PID):**

Do you think you have been disadvantaged because of a Public Interest Disclosure?

Yes  No

If Yes, have you commenced proceedings in a Court in relation to that incident?

Yes - You are not able to make a complaint under the Anti-Discrimination Act 1991 if you have commenced proceedings in a Court.

No - If No and you made a Public Interest Disclosure, please provide a copy of any response you received.

**PART D - Where the complaint happened**

**When the complaint happened, where were you?** (Check the **box or boxes** that apply)

at work, applying for a job, doing work experience or volunteer work

obtaining goods or services (eg. at a shop, café, pub, bank, doctor, taxi or car yard)

accessing premises or facilities

obtaining State Government or Local Council services

at school, TAFE college, university or other place of education

renting or getting accommodation

applying for insurance or superannuation

buying real estate

joining or as a member of a club (not for profit clubs are not covered)

a member of a local government

other, explain

**PART E - Additional details**

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| 1. Did the discrimination, sexual harassment, public vilification or victimisation included in this complaint occur **WITHIN THE LAST 12 MONTHS?** | | Yes  No |
| Dates: |  | |
| 1. Did the discrimination, sexual harassment, public vilification or victimisation included in this complaint occur **MORE THAN 12 MONTHS AGO?** | | Yes  No |
| Dates: |  | |
| 1. Have you made a complaint to the Australian Human Rights Commission (AHRC) about anything included in this complaint?   If YES, attach a copy of your complaint to AHRC. | | Yes  No |
| 1. Do you have a case in the Queensland Industrial Relations Commission (QIRC), Fair Work Commission or any court or tribunal about anything included in this complaint?   If YES, attach a copy of all documents concerning this action. | | Yes  No |
| 1. Is there already an agreement about anything included in this complaint?   If YES, attach a copy of the agreement and all relevant documents. | | Yes  No |

**PART F – Details of your complaint**

**Starting with the first event and then the second etc., please tell us:**

* Dates of each event (as exact as possible)
* What happened and what was said?
* Who said what and who did what? (Their name and job)
* Where did it happen?
* Were others in the same situation treated the same better or worse and why was this?

It is important that you do not use abusive language or make discriminatory remarks about other people. Any comments like this may be deleted before being sent to the person or organisation your complaint is about.

Date Details and place

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(Please attach extra pages if you need them)

Please attach copies of any documents that support the claims in your complaint if you have them available. For example - letters, separation certificate, doctor’s certificate.

**To make a complaint, EMAIL this completed Complaint Form, with attachments, to** [**info@adcq.qld.gov.au**](mailto:info@adcq.qld.gov.au)

**OR**

**POST this Complaint Form, with attachments, to the nearest office of the**

**Anti-Discrimination Commission Queensland**

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| **South Queensland**  Level 20  53 Albert St  (cnr Albert & Margaret Streets)  Brisbane Q 4000  **Postal Address**  City East Post Shop  PO Box 15565  City East Q 4002  **Tel:** 1300 130 670 | **Central Queensland**  Level 1  James Larcombe Pl  209 Bolsover Street  Rockhampton Q 4700  **Postal Address**  PO Box 1390  Rockhampton Q 4700  **Tel:** 1300 130 670 or  4933 5104 | **North Queensland**  Ground floor  187-209 Stanley St  Townsville Q 4810  **Postal Address** PO Box 1566 Townsville Q 4810  **Tel:** 1300 130 670 or  4421 4000 | **Far North Queensland**  Grove House  10 Grove Street  Cairns Q 4870  **Postal Address**  PO Box 4699  Cairns Q 4870  **Tel:** 1300 130 670 or  4037 2100 |
| **FAX for all offices - 3193 9979** | | | |
| **National Relay Service:**  <https://relayservice.gov.au/making-a-call/> | | | |