



COMPLAINT FORM

Before you make this complaint, please read our brochure
"Making a Complaint" or phone us on 1300 130 670 or TTY 1300 130 680.

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

If you don't want your details given out, contact the Commission to discuss your options.

You may fill in this form with a word processor. Press Tab or up/down arrows to navigate.

PART A - Your details (The Complainant)

Your family name: **Thumb** _____

Your given name/s: **Tom** _____

Is this complaint made for someone else? (Answer yes or no) **No** _____

IF YES, who for? _____

Can they make this complaint for themselves? (Answer yes or no) _____

IF NO, why not? _____

Address for Service: (It will be sent to the respondents. It does not need to be your home address.)

**The Advocates
 1 Brisbane Street
 BRISBANE Q
 4000**

Postcode: _____

Telephone: Home: **A. Law: (07) 1234 5678** _____

Mobile: _____

Work: _____

Fax: **A. Law: (07) 1234 5679** _____

Email: **ALaw@Advocates.optusnet.com.au** _____

Is it ok for us to contact you at work? (Answer yes or no) _____

PART B - Who do you think has discriminated against you, sexually harassed you or publicly vilified you because of your race, religion, gender identity or sexuality? (The Respondents)

EXAMPLE ONLY

IF YOU WANT TO COMPLAIN ABOUT A COMPANY:

The Company or Organisation:

Name: **Robinson Carusoe Pty Ltd trading as Stowaways**

Address: **1 Island Street, Fortitude Valley Q 4006** _____

Telephone: **(07) 9876 5432** _____

Is this the organisation you work for? (Answer yes or no) **Was to start there**

IF YES, please provide us with a copy of your payslip or company letterhead.

IF YOU WANT TO COMPLAIN ABOUT INDIVIDUALS:

The Person/s:

Person 1

Their Name: **Jack Horner** _____

Telephone: Home: _____

Telephone: Work: **(07) 9876 5431** _____

Were they at work when they treated you unfairly? (Answer yes or no) **Yes** _____

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

Their employer's name: **Robinson Carusoe Pty Ltd** _____

Their employer's address: **as above** _____

Their position or job title: _____

PART B - (The Respondents) - continued

EXAMPLE ONLY

Person 2

Their Name: _____

Telephone: Home: _____

Telephone: Work: _____

Were they at work when they treated you unfairly? (Answer yes or 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: _____

Telephone: Work: _____

Were they at work when they treated you unfairly? (Answer yes or 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)

EXAMPLE ONLY

What type of treatment are you complaining of?

(Check the box or boxes which apply)

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?) **Past back injury** _____
- 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?) _____

PART C - Type of complaint (The Grounds) - continued

EXAMPLE ONLY

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 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? **Impairment** _____

PART D - Where the complaint happened (The Areas)

EXAMPLE ONLY

When the complaint happened, where were you?

(Tick the box or boxes which 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

1. Has the discrimination, sexual harassment, public vilification or victimisation included in this complaint occurred **WITHIN THE LAST 12 MONTHS?** (Answer yes or no) **Yes**

Dates: _____

2. Has the discrimination, sexual harassment, public vilification or victimisation included in this complaint occurred **MORE THAN 12 MONTHS AGO?** (Answer yes or no) **No**

Dates: _____

3. Have you made a complaint to the Human Rights and Equal Opportunity Commission (HREOC) about anything included in this complaint? (Answer yes or no) **No**

If YES, attach a copy of your complaint to HREOC.

4. Do you have a case in the Queensland Industrial Relations Commission (QIRC), Australian Industrial Relations Commission (AIRC) or any court or tribunal about anything included in this complaint? (Answer yes or no) **No**

If YES, attach a copy of all documents concerning this action.

5. Is there already an agreement about anything included in this complaint?

(Answer yes or no) **No**

If YES, attach a copy of the agreement and all relevant documents.

PART F - Details of your complaint

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

- **PLEASE GIVE DATES (as exact as possible)**
- What happened and what was said? Who said it?
- Who did it – their name and job?
- Where did it happen?
- Were others in the same situation treated the same better or worse and why was this?

DATE

DETAILS AND PLACE

1/4/07 Tom Thumb applied for a position as a storeman/labourer with Stowaways and was required to complete an application form which requested his date of birth, address and contact details, marital status, next of kin, education details, past employment details, medical history and required him to consent to Stowaways obtaining his worker's compensation history, should he be short listed for an interview for the position. Tom Thumb completed the application form as best he could remember and signed the consent for his worker's compensation history to be obtained.

1/5/07 Tom Thumb was short listed for the position. When Jack Horner of Stowaways conducted the interview, he asked Tom Thumb some questions about a back injury **such as "Have you ever had a back injury? When was it? What happened? Did you put in a Worker's Compensation Claim? How long did you have off? Have you had any trouble with it since?"** Tom admitted that he had injured his back at work in 1995 which had required 3 months off work and a gradual return to work program on reduced duties for a further 3 months. He had forgotten about it **because he hadn't had any trouble with it since and was a lot fitter and had learned how to lift properly** and so hadn't included details of it in his application.

Tom was told at the interviewed that they thought he was suitable for the position and asked if he could start on the first Monday of next month. Tom was very excited about the new job and agreed to start then. He also agreed to a medical examination by **Dr. Dolittle** selected by Stowaways.

3/5/07 Tom Thumb resigned his current position effective one week before his new job was due to start, so that he could have a week's break before starting his new job. Tom Thumb attended the doctor's examination and 5 days later he received a letter from Stowaways thanking him for his application and saying he had been unsuccessful for the position. When he rang Jack Horner, he was unavailable and he spoke to a Miss Muffet in HR instead. She advised him that **"the file indicates that the doctor's report was unfavourable and that is why you were not put on"**.

When Tom Thumb finally got hold of Jack Horner on the phone, Jack said **"It isn't because of your back injury. It is because you were not honest on your application. You should have put it on your form."**

Copy attached of:

1. Advertisement for the storeman/labourer position with Stowaways;
2. Application by Tom Thumb for position;
3. Worker's Compensation history for Tom Thumb;
4. Letter advising Tom Thumb that his application was unsuccessful.

Send this complaint form to the nearest office of:

EXAMPLE ONLY

Anti-Discrimination Commission Queensland

<u>South Queensland:</u>	<u>Central Queensland:</u>	<u>North Queensland:</u>	<u>Far North Queensland:</u>
Level 1 189 Coronation Drive MILTON Q 4064	Level 1 James Larcombe Place 209 Bolsover Street ROCKHAMPTON Q 4700	Level 2 St James Place 155-157 Denham St TOWNSVILLE Q 4810	Level 1 McLeod Chambers 78 Spence Street CAIRNS Q 4870
Postal Address: PO Box 2122 MILTON Q 4064	Postal Address: PO Box 1390 ROCKHAMPTON Q 4700	Postal Address: As above	Postal Address: PO Box 4699 CAIRNS Q 4870
Tel: 1300 130 670	Tel: 1300 130 670 or 4938 4466	Tel: 1300 130 670 or 4799 7020	Tel: 1300 130 670 or 4039 8600
TTY: 1300 130 680	TTY: 1300 130 680	TTY: 1300 130 680	TTY: 1300 130 680
Fax: 3247 0960	Fax: 4938 4459	Fax: 4799 7021	Fax: 4039 8609

Your signature:

A. Law _____

Date:

21/5/07 _____