



Complaint / Enquiry Form

About You

Your Name: _____
Your Address: _____ _____ Postcode: _____
Telephone Home: _____ Work: _____
Mobile: _____ E-mail: _____
Fax: _____ TTY: _____

Who do you think has discriminated against you? (for example, the person or company that employs you, a business or office providing goods or services, the person or organisation providing your accommodation, a school, TAFE or club)

1. Name of person/s involved: _____
Business/Organisation name: _____
Their address: _____ _____
Postcode: _____ Telephone: _____
What is their relationship to you? _____

2. Name of person/s involved: _____
Business/Organisation name: _____
Their address: _____ _____
Postcode: _____ Telephone: _____
What is their relationship to you? _____

What type of discrimination do you think you have experienced?

Please tick the box that applies.

- | | |
|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Political conviction |
| <input type="checkbox"/> Racial harassment | <input type="checkbox"/> Impairment or disability |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Gender history |
| <input type="checkbox"/> Sexual harassment | <input type="checkbox"/> Family responsibility |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Age |
| <input type="checkbox"/> Marital status | <input type="checkbox"/> Family status |
| <input type="checkbox"/> Religious conviction | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Spent conviction | |
| <input type="checkbox"/> Victimisation (for complaining about discrimination) | |
| <input type="checkbox"/> Other – Please explain _____ | |

Where did it happen? Please tick the box that applies.

- Employment/work
- Obtaining goods or services (eg government department, shop, nightclub)
- Education – School, TAFE, University, College
- Accommodation
- Access to places and vehicles
- Membership of club
- Commonwealth Government Department
- Other – Please explain _____

When did it happen? _____

Further Information

Witnesses Are there other people who can help with our investigation? Please list the names, phone or other contact details of people who have agreed to be contacted.

Documents Please attach copies of any documents that may help us with our investigation, such as doctor’s certificates, records of conversations, letters or advertisements. If you cannot provide relevant documents please tell us where they are kept and who can get them.

How has this affected you? What loss or harm have you experienced because of what has happened?

Resolving the complaint What would you like to happen as a result of lodging this complaint?

Is there anyone who is helping you with this complaint who you would like us to talk to? (for example, a community worker, a union, a lawyer or a friend)

What is their name? _____

What is their role/job? _____

Their address: _____

Postcode: _____ Telephone: _____

Survey Of Complainants

Purpose Of The Survey

Your help, by answering the following short questions, will help the Commission evaluate its services and make changes or modifications to make them better.

Confidentiality

You will not be identified in any data collected or published by the Commission.

Assistance

If you need help to fill out this survey please ring Joanne Gaynor on 9216 3959.

1. What is your gender? *(Tick one only)*

Male

Female

Other *(Please specify)*

4. What is the main language spoken at home? *(Tick one only)*

English

Other *(Please specify)*

2. In which country were you born? *(Tick one only)*

Australia

Overseas *(Please specify)*

5. Do you consider yourself to have an ethnic background? *(Tick one only)*

No

Yes *(Please specify)*

3. Are you of Aboriginal or Torres Strait Islander origin? *(Tick one only)*

No

Yes – Aboriginal

Yes – Torres Strait Islander

Checklist For Lodging A Complaint

If you feel you have been discriminated against, you can lodge a complaint with the Commissioner for Equal Opportunity.

If you decide to lodge a complaint there are certain things that you, the complainant, need to do.

To help you, here is a checklist. Tick the boxes as you complete each step.

- Your complaint must be in writing, but can be in any language.

- You, the complainant, must sign and date your complaint.

- Your letter of complaint must refer to a *ground* of discrimination and an area of activity that is covered by the Act.

- You must identify the person and/or organisation who you believe has discriminated against you.

- You must explain what happened and why you think it is discrimination.
For example: When did the incident happen? Who were the people involved?

- You must provide any relevant documentation.
For example: A letter of dismissal, medical certificates, statements from witnesses.

- You must lodge your complaint within 12 months of the discrimination.
(If your complaint is more than 12 months old, it will only be investigated if you can satisfy the Commissioner that there is good cause why it should be investigated.)

Making a complaint can be quite daunting. If you would like to talk about it, telephone the Commission on (08) 9216 3900 or free-call on 1800 198 149.