



# Australian Human Rights Commission

*everyone, everywhere, everyday*

## Complaint Form

(Version 2/09)

### Part A – About you (the complainant)

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 you are complaining on behalf of someone else**

Name of that person: .....

What is your relationship to that person?.....

**Only fill out this box if someone is assisting you with the complaint –  
for example a solicitor or union representative**

Name of representative: .....

Organisation: .....

Postal address: .....

Contact numbers: Home: ..... Business: ..... Fax:.....

Mobile: ..... TTY: ..... Email: .....

**\*\*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**

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### **Who are you complaining about? (the respondent)**

1. Name/organisation:.....  
Address:.....  
..... Post code:.....  
Contact numbers: Home:..... Business:..... Fax:.....  
Mobile:..... TTY:..... Email:.....  
What is this person's/organisation's relationship to you?.....  
.....  
.....

2. Name/organisation:.....  
Address:.....  
..... Post code:.....  
Contact numbers: Home:..... Business:..... Fax:.....  
Mobile:..... TTY:..... Email:.....  
What is this person's/organisation's relationship to you?.....  
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**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 complaining because I believe:

I have been discriminated against because of my **sex**

*(incl pregnancy, marital status, family responsibilities);*

I have been **sexually harassed**;

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);*

I have been discriminated against because of my **age**;

My human rights have been breached by a **federal** government agency; or

I have been discriminated against in my **employment** because of my *(please tick which one)*:

sexual preference

trade union activity

criminal record

religious belief

political opinion

I have been treated unfairly for another reason.

Please state the reason:

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.....  
.....

**When did this happen?** (Day/month/year) .....

## What happened?

Describe the events that you want to complain about. We need to know what you say happened, where it happened and who did it. Please give us all the dates and other details that you can remember. If you are complaining about employment, please tell us when you commenced employment, your job title and whether you are still employed.

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**Have you made a complaint about this to another agency?**

(For example a state anti-discrimination or equal opportunity agency, a workers compensation agency, an ombudsman or an industrial relations commission.)

If so, you must provide details of the complaint, the agency it was made to and any outcome. You should also attach copies of any letters you have received from the agency.

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**Have you tried to resolve your complaint in any other way?**

(For example through an internal complaint process or your trade union.)

If so, please give details:

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**Remember**

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

**Send your completed form to:**  
Director, Complaint Handling  
Australian Human Rights Commission  
GPO Box 5218  
SYDNEY NSW 2001