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| Australian Human Rights Commission Logo | **COMPLAINT FORM** |

The Australian Human Rights Commission investigates and conciliates complaints about discrimination and breaches of human rights.

We will need to contact you about your complaint, so please provide your name and contact details, including one contact number if possible. If you do not provide this information we may not be able to deal with your complaint.

We will use the information you provide to assess, investigate and/or conciliate your complaint. We will usually provide a copy of your complaint (excluding your contact details) to the person or organisation you are complaining about and, if necessary, others who have relevant information about your complaint. By completing and submitting this form you consent to the Commission using your information for these purposes. If you have any questions about this or need help to complete this form please contact our National Information Service on 1300 656 419 or 02 9284 9600.

Your personal information will be used and stored in accordance with the Privacy Act 1988 (Cth). The Commission’s privacy policy is available on our website at [www.humanrights.gov.au](http://www.humanrights.gov.au).

## Part A – About you, the complainant

Title

First name

Last name

Address

Suburb

State/Territory

Postcode

Email

Phone (AH)

Phone (BH)

Mobile

Fax

TTY

If you require assistance to participate in the complaint process, please outline the assistance you require

### Acting on behalf of another person

If you are complaining on behalf of someone else, please provide the following details about this person.

Title

First name

Last name

Address

Suburb

State/Territory

Postcode

What is their relationship to you?

Please advise if they need assistance to participate in the complaint process and the kind of assistance they need

### Your representative

If someone is assisting you with the complaint, for example, a legal representative, advocate or union representative, please provide the following details about this person.

Title

First name

Last name

Position

Organisation

Address

Suburb

State/Territory

Postcode

Email

Phone (BH)

Mobile

Fax

TTY

Please advise if they need assistance to participate in the complaint process and the kind of assistance they need

## Part B – Who is the complaint about?

### Respondent 1

Name of person or organisation

ABN of organisation

Address

Suburb

State/Territory

Postcode

Email

Phone (BH)

Mobile

Fax

TTY

What is your relationship to this respondent?

### Respondent 2

Name of person or organisation

ABN of organisation

Address

Suburb

State/Territory

Postcode

Email

Phone (BH)

Mobile

Fax

TTY

What is your relationship to this respondent?

Note: If you are complaining about more than two people or organisations, please provide information about each additional person or organisation

## Part C – What are you complaining about?

For information about the types of complaints the Australian Human Rights Commission can consider please go to [AHRC Complaints webpage](https://www.humanrights.gov.au/complaints/complaint-guides/information-people-making-complaints).

Please select the appropriate box/boxes below.

[ ]  **I believe I have been discriminated against because of my**

 [ ]  age

 what is your age?

 [ ]  disability

 what is your disability?

[ ]  association with a person with a disability

 what is the person’s disability?

[ ]  status as a person with a disability who uses an assistance animal or disability aid or has a carer

 [ ]  sex

 what is your sex?

 [ ]  pregnancy

[ ]  marital or relationship status

 what is your marital or relationship status?

 [ ]  family responsibilities

 [ ]  sexual orientation

 what is your sexual orientation?

 [ ]  gender identity

 what gender do you identify as?

 [ ]  intersex status

[ ]  race (this includes race, colour, national origin, descent, ethnicity and immigrant status)

 what is your race?

[ ]  **I believe I have been sexually harassed**

**[ ]  I believe I have experienced racial hatred**

What is your race?

**[ ]  I believe I have been discriminated against in my employment because of my:**

 **[ ]** trade union activity

 [ ]  criminal record

 what is your criminal record?

 [ ]  religion

 what is your religion?

 [ ]  political opinion

 what is your political opinion?

[ ]  **I believe my human rights have been breached by a Commonwealth government body**

**[ ]  I believe I have been victimised because I made a complaint or tried to make a complaint about discrimination**

### When did the alleged event/s happen?

The President of the Commission can decide not to investigate into a complaint where the complaint is lodged more than 12 months after the alleged event(s) happened. If the event(s) being complained about happened more than 12 months ago, please explain the reasons for the delay in making a complaint to the Commission.

Note: For events that have taken place after 13 April 2017, the timeframe for lodging complaints alleging unlawful discrimination will be 6 months.

Reasons for the delay in lodgement:

### What happened?

Describe the event that you want to complain about. We need to know what you say happened, where it happened and who was involved. Please give us all the dates and other details that you can remember.

If you are complaining about employment, please ensure you tell us when you commenced employment, your job title and whether you are still employed.

### Supporting documents

Please attach copies of any documents that support the claims in your complaint. For example, letters, separation certificate, doctors certificate. If you cannot do this, please tell us about the documents or other information and how this information can be obtained.

### How do you think this complaint could be resolved?

For example, a complaint may be resolved with an agreement that a respondent will change its procedures and/or introduce training or policies on anti-discrimination and/or take other action to prevent possible discrimination.

### Have you made a complaint to another organisation?

For example, a state anti-discrimination or equal opportunity agency, a workers compensation agency, the Fair Work Commission and/or an Ombudsman.

[ ]  Yes

[ ]  No

If yes, you must provide the name of the agency, the date the complaint was made and the outcome of the complaint, if any. Please also attach copies of any letters you have received from the agency.

### Were you referred to the Commission by another organisation?

If you were, please advise the organisation that referred you?

## Part D – Lodging the complaint

Name/Signature:

Date:

Please send the complaint form to the Commission by:

Post: Australian Human Rights Commission

 GPO Box 5218

Sydney NSW 2001

Fax: 02 9284 9611

Email: newcomplaints@humanrights.gov.au