



# Discrimination Complaint Form



# HUMAN RIGHTS COMMISSION

**Please complete this form in pen.** If you do not understand any part of this form, or if you need assistance to put your complaint in writing, please call one of our staff on (02) **6205 2222**.  
**Please note that the information on this and the following page is confidential and will not be sent to the person or organisation that you are complaining about.**

## PERSON MAKING THE COMPLAINT

Mr/Ms (other)..... First name..... Last name.....  
Address.....  
..... Postcode.....  
Telephone (business hours)..... (mobile phone).....  
Facsimile..... E-mail address.....

- I am the person who was discriminated against, or**  
If you are **not** the person who was discriminated against, I am:
  - A parent or guardian of a person under 18 years of age who was discriminated against; or
  - A person appointed to make the complaint by the person who was discriminated against; or
  - A person appointed by the Guardianship and Management of Property Tribunal to act on behalf of the person who was discriminated against.

## DETAILS OF THE PERSON WHO WAS DISCRIMINATED AGAINST (IF NOT THE PERSON MAKING THE COMPLAINT)

Mr//Ms (other)..... First name..... Last name.....  
Address.....  
..... Postcode.....  
Telephone (business hours)..... (mobile phone).....  
Facsimile..... E-mail address.....

### OPTIONAL:

I wish to be identified as a person ———— of Aboriginal descent  ————  
————— of Torres Strait Islander descent

If someone is acting on your behalf, such as a family member, friend, union, advocate, please state:

Name of Representative .....

Name of Organisation.....

Postal Address .....

..... Postcode .....

Telephone (business hours) ..... (mobile phone) .....

Facsimile .....

Please complete the section below to authorise your representative or agent to act on your behalf. Correspondence about your complaint will be sent to the person who is representing you unless you request otherwise.

I .....authorise the person named above to be my representative in this complaint.

Signed [by person discriminated against] \_\_\_\_\_ Date / /

*I agree to receive all correspondence about this discrimination complaint and undertake to keep the complainant informed*

Signed [by representative] \_\_\_\_\_ Date / /

***Privacy Statement***

The Human Rights Commission adheres to the *Privacy Act 1988* (Cth). As a general rule the personal information that is provided to us is not passed on to other organisations or third parties without your written consent. There are circumstances however where information may be provided to the ACT Civil and Administrative Tribunal or another court or tribunal if it is required. We will usually discuss this with you prior to providing the information. We may also pass on information if we become aware that the withholding of the information poses a serious risk to the life or the wellbeing of yourself or another person.

Please note that during our consideration of your complaint, the following information will be sent to the person or organisation that the complaint is about.

YOUR NAME: \_\_\_\_\_

**DETAILS OF THE ORGANISATION AND/OR PERSON THE COMPLAINT IS AGAINST**

For example, the person, business or organisation that employs you, the educational institution you are complaining about, the landlord or agency providing or refusing accommodation, the club or service provider, the person you believe sexually harassed or victimised you. **There may be more than one person or organisation involved.** If you are unsure whom to make your complaint against, please ask to speak to Commission staff.

Name of organisation/s or person;.....

Address .....

..... Postcode .....

Telephone (business hours) ..... (mobile phone) .....

Name of person or organisation/s;.....

Address .....

..... Postcode .....

Telephone (business hours) ..... (mobile phone) .....

Name of person or organisation/s;.....

Address .....

..... Postcode .....

Telephone (business hours) ..... (mobile phone) .....

**COMPLAINT**

Unless you are telling us something relevant that was said about you, it is important that you do not use abusive language or make discriminatory remarks about other people when you are filling in your complaint form. Any comments like this will be deleted before being sent to the person or organisation your complaint is about. We may also ask you to change your form before we can deal with your complaint.

Include information about what led up to the complaint, what happened, the approximate date it happened, and who was involved. If you need more room, attach extra pages.

The Commission may not be able to deal with a complaint if it is more than two years old.

## 1. PERSONAL ATTRIBUTES

I believe I was treated unfavourably because of my:

- Age:  
*What is your age?* \_\_\_\_\_
- Breastfeeding
- Disability:  
*What is your disability?* \_\_\_\_\_
- Use of an assistance animal (eg. guide dog)
- Relationship Status:
  - Married
  - Single
  - Defacto
  - Divorced
  - Widowed
  - Same sex relationship
- Industrial Activity:  
*If relevant, related to which organisation?*  
\_\_\_\_\_
- Political Conviction:  
*What is your political conviction?*  
\_\_\_\_\_
- Pregnancy, including potential pregnancy
- Profession, trade, occupation or calling:  
*What is your profession, trade, occupation or calling?* \_\_\_\_\_
- Race, including colour, descent, ethnic and national origin and nationality:  
*What is your race?* \_\_\_\_\_
- Religious Conviction:  
*What is your religion?* \_\_\_\_\_
- Sex
- Sexuality
  - Heterosexual
  - Gay
  - Lesbian
  - Bisexual
- Gender Identity
- Spent Conviction
- Status as a parent or carer
- Association with a person who has an attribute listed above  
*Which attribute?* \_\_\_\_\_

**2. Why do you think the personal attribute marked above was the reason you were treated unfavourably?** Provide as much information as you can that shows how the unfavourable treatment that happened was because of this attribute.

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**3. AREA OF DISCRIMINATION**

**Where did the unfavourable treatment happen?**

**In Work:**

- Access to membership to a professional trade or organisation
- Employment, including recruitment and unpaid work
- Employment Agency
- Engagement as a Commission Agent
- Engagement or employment as a contract worker
- Partnership
- Qualifying body

**Other:**

- Education
- Access to Premises
- In the provision of goods, services or facilities
- Accommodation
- Membership or services of a club
- A request for information
- Unlawful Advertising

Please provide details:

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**4. I believe I was**

- Sexually harassed
- Vilified because of my: *(Please see attached information)*
  - Race
  - Sexuality
  - Gender Identity
  - HIV/AIDS status
- Victimised because I made or supported a discrimination complaint



**7. What would you like to have happen in order to resolve your complaint?**

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Signature ..... Date ..... / ..... / .....

**ACTION ALREADY TAKEN**

The person or organisation complained about has been approached  YES  NO

*If yes, what was the outcome?*

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A complaint has been made to another organisation  YES  NO

*If yes, please give details*

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**RETURN THE COMPLAINT FORM TO**

**HUMAN RIGHTS COMMISSION**

Street Address: L4, 12 Moore Street, Canberra City  
Mailing Address: GPO Box 158, CANBERRA ACT 2601  
Phone: (02) 6205 2222  
Facsimile: (02) 6207 1034  
Email: [human.rights@act.gov.au](mailto:human.rights@act.gov.au)  
Website: [www.hrc.act.gov.au/](http://www.hrc.act.gov.au/)