



## Make a Discrimination Complaint

### A. About the Person Making the Complaint.

If you do not understand any part of this form, or if you need assistance to put your complaint in writing, please call us 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 you are complaining about.

**Title (optional):** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel (business hours):** \_\_\_\_\_

**Tel (mobile):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Optional:

I wish to be identified as a person of Aboriginal descent

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

I am the person who was discriminated against, or

If you are not the person who was discriminated against, **I am** (See also Section B overleaf):

Parent or guardian of a person under 18 years old who was discriminated against; or

A person appointed to make the complaint by the person who was discriminated; or

A person appointed as a guardian to act on behalf of the person who was discriminated

**B. For complaints lodged on behalf of another. Details of the person who was discriminated against (if not the person making the complaint). Otherwise, proceed to Section C.**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel (business hours):** \_\_\_\_\_

**Tel (mobile):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Optional:

I wish to be identified as a person of Aboriginal descent

I wish to be identified as a person 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** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel (business hours):** \_\_\_\_\_

**Tel (mobile):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please complete the section below to authorise your representative or agent to act on your behalf. Proceed to Section C if you are making this complaint as the person treating unfairly. 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.

### **C. 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.

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:** \_\_\_\_\_

**Name of Organisation or Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel (business hours):** \_\_\_\_\_

**Tel (mobile):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of Organisation or Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel (business hours):** \_\_\_\_\_

**Tel (mobile):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## D. Complaint of Direct or Indirect Discrimination

1. We can generally only consider alleged conduct that was directly/indirectly because of one of these personal attributes, or falls into behaviour described in Part E.

Treated unfavourably because of my **Age**: \_\_\_\_\_

Treated unfavourably because of **Breastfeeding**

Treated unfavourably because of my **Disability**: \_\_\_\_\_

Treated unfavourably because I use an **Assistance Animal** (eg guide dog): \_\_\_\_\_

Treated unfavourably because of my **Industrial Activity**: \_\_\_\_\_

Treated unfavourably because of my **Political Conviction**: \_\_\_\_\_

Treated unfavourably because of my **Pregnancy**, including potential pregnancy

Treated unfavourably because of Relationship Status:

Married

Single

Defacto

Divorced

Widowed

Same Sex

Other: \_\_\_\_\_

Treated unfavourably because of my **Profession, trade, occupation or calling**: \_\_\_\_\_

Treated unfavourably because of **Race** (colour/descent/ethnic origin/nationality): \_\_\_\_\_

Treated unfavourably because of my **Religious Conviction**, *which is*: \_\_\_\_\_

Treated unfavourably because of my **Sex**: \_\_\_\_\_

Treated unfavourably because of my **Sexuality**

Heterosexual

Gay

Lesbian

Bisexual

Other: \_\_\_\_\_

Treated unfavourably because of my **Gender Identity:** \_\_\_\_\_

Treated unfavourably because of my **Spent Conviction** \_\_\_\_\_

Treated unfavourably because I'm **a parent/carer:** \_\_\_\_\_

Association with a person who has an attribute listed above, *which is:* \_\_\_\_\_

**2. Area of Discrimination. We can generally only consider alleged conduct that occurred in one of these areas of public life, or falls into behaviour described in Part E.**

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

**E. Complaint of Sexual Harassment, Victimisation or Vilification**

And/or I believe I was

- 1. Sexually Harassed and/or**  
*(Reasonably offended, humiliated or intimidated by unwelcome sexual conduct at work, school, accessing a public premise, receiving goods, services, facilities, accommodation or in relation to club membership)*

- 2. Victimised because I made or supported a discrimination complaint and/or**

**3. Vilified by another person's public act because of my:**

- Race
- Sexuality
- Gender Identity
- HIV/AIDS Status

## F. Details of Complaint

1. When did this happen? The Commission may not be able to deal with a complaint if it is more than two years old.

---

2. Did this happen in the ACT or was done by an ACT organisation? Yes  No

### 3. Details of your complaint

Please tell us about what happened to you. 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. 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.

- If more than one thing happened, list each one starting from the first event. There is more space at end of form.
- What was the unfavourable treatment that happened to you, and who was involved?
- Why do you think the personal attribute(s) 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 that attribute.
- If this is a complaint of *victimisation* please give details about the complaint you made, including what your allegations were, when you made it and to whom?

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.

---

---

---

---

---

---

---

---





**4. What effect did/will the conduct you are complaining about have on you?**

Please describe any disadvantage you suffered (or believe you will suffer), any loss, harm or damage that you (will) experience(d) as a result of the conduct or condition, and how it made you feel. There is more space at end of form

---

---

---

---

---

---

**5. What would you like to have happen in order to resolve your complaint?** There is more space at end of form

---

---

---

---

---

---

**G. Action Already Taken**

The person or organisation complained about has been approached?

Yes

No

If yes, what was the outcome?

---

---

---

A complaint has been made to another organisation (eg Fair Work Ombudsman, Australian Human Rights Commission)

Yes

No

If yes, please give details

---

---

---

---

---

## H. Any further information

---

---

---

---

---

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Please return complaint form to

### ACT 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)