

# OFFICE OF THE ANTI-DISCRIMINATION COMMISSIONER TASMANIA

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## INFORMATION FOR MAKING A COMPLAINT

**Please read BEFORE you complete this complaint form**

A formal complaint to the Office of the Anti-Discrimination Commissioner must be made in writing. It can be written in languages other than English, or an interpreter will be provided. We can help you to prepare your statement. **This is your complaint and it is your responsibility to make it as clear as possible.**

Should your complaint be accepted this complaint form, and any attachments sent with the complaint form, will be made available to the person or organisation you are making the complaint about unless you specifically request otherwise. Your whole complaint form will be released to the Anti-Discrimination Tribunal if your complaint is referred to the Tribunal for inquiry.

### CHECKLIST FOR LODGING A COMPLAINT

If you decide to lodge a complaint there are certain things that you must do. Tick the boxes as you complete each step.

- Your complaint must be in writing. It can be in any language. If you require assistance with this, please ask or let us know.
- You must sign and date the form.
- Your complaint must refer to a 'ground' of discrimination or 'attribute' that is covered by the ***Anti-Discrimination Act 1998***.
- Your complaint must refer to an 'area of activity' that is covered by the ***Anti-Discrimination Act 1998***.
- You must identify the person(s) or organisation(s) you say have done the discrimination or prohibited conduct.
- You must explain what happened. (When and Where did the incident happen? Who are the people involved?)
- You must provide any relevant documents with the complaint for or on request (for example, a letter of dismissal, medical certificate, and witness' statement). Please do not send originals or copies on thermal paper.
- You **must lodge your complaint within 12 months** of the last incident of discrimination. (If your complaint is more than 12 months old, it will be investigated only if you can satisfy the Commissioner that there is good reason why the matter should be investigated.)

The *Anti-Discrimination Act 1998* applies to any unlawful discrimination, harassment, victimisation, or incitement of hatred which was continuing until now or took place after legal commencement of the Act on the 10 December 1999, and to discrimination under the *Sex Discrimination Act 1994* after 27 November 1995.

***Thank you for filling in this form. It will help us to record, understand and progress your complaint.***

**ANTI-DISCRIMINATION ACT 1998 - REQUIREMENT OF ACTING BONA FIDE  
(IN GOOD FAITH) AND PROVIDING TRUE AND ACCURATE  
INFORMATION TO THE COMMISSIONER**

All parties in their dealings with the Office of the Anti-Discrimination Commissioner (OADC) are required at all times to act in good faith and to provide true and accurate information. This is a responsibility for both complainants and respondents under the *Anti-Discrimination Act*.

Complainants must sign their complaints. Respondents must sign their responses. If a person is unable to write her or his signature, please tell us.

Where authorisation has been granted under section 61 of the Act for someone to be represented in the OADC, they are generally required to provide their signature on a complaint or a response. This is because complainants, respondents and the OADC are entitled to know that information being provided is as true and accurate as possible.

It is the Commissioner's responsibility to draw to complainants' and respondents' attention section 105 of the *Anti-Discrimination Act* that requires all persons giving information in any complaint:

- *not to make a statement knowing it to be false or misleading; and*
- *not to omit any matter from a statement knowing that without that matter the statement is misleading.*

Sometimes mistakes can be made. People are not always able to recall with absolute accuracy all matters that may be relevant to a complaint. However, the Commissioner seeks the cooperation of everyone to be as accurate as possible in providing the information. This means that everyone can have confidence in the process - as complainants, and as respondents – so the OADC can provide a better service.

The Commissioner appreciates the time and effort put in by complainants and respondents in the process, and the endeavour of complainants and respondents to provide accurate and true information as required by the Act.

Office of the Anti-Discrimination Commissioner, Tasmania  
Level 1, 54 Victoria Street, Hobart  
GPO Box 197, Hobart - Tasmania 7001  
Phone: (03) 6233 4841 or 1300 305 062 (local call)

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## COMPLAINT FORM

If you need assistance to fill in this form, or require an interpreter, please telephone the Office of the Anti-Discrimination Commissioner and make an appointment to speak with an Investigation and Conciliation Officer.

### About You

Preferred Title (Mr/Mrs/Ms/Miss/Dr etc) :	
Your name: ... .	
Your address:.....	
.....Postcode .....	
Mailing address (if different from street address)	
.....	
.....	Postcode:.....
Telephone: (Home):.....	(Work): .....
Mobile:.....	Fax:.....
E-mail : .....	

### Are you making a complaint for someone else?

For example, your child, or someone who can't speak or write for herself/himself. If yes, what is their name?
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### What is your relationship to that person?

For example, your child, a person you are caring for, a person you are advocating for, an elderly neighbour or relative etc.
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**Who do you believe has discriminated against you?**

Name/Organisation.....  
Address .....  
Postcode ..... Telephone .....

**What is the person's/organsation's relationship to you?**

For example, your boss, co-worker, landlord, shopkeeper, department, employer, organisation, club, bank, loan company etc.  
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Organisation she/he works for (if any) .....  
Address .....  
Postcode ... ..  
Telephone.....Fax.....  
Head of organisation (if you know) .....

**Did anyone else discriminate against you?**

Name/organisation : .....  
Address .....  
Postcode .....  
Telephone..... Fax .....

**What is the person's relationship to you?**

For example, your boss, co-worker, landlord, shopkeeper, department, employer, organisation, club, bank, loan company etc.  
.....  
Organisation she/he works for (if any).....  
Address .....  
Postcode .....  
Telephone..... Fax .....

Head of organisation (if you know) .....

**Is there anyone who is helping you with this complaint?**

For example, your union, a lawyer, a community worker, or a family member etc  
What is their name? .....  
Who are they? .....  
Telephone: .....

## Why are you making a complaint to the Commissioner?

What type of **unlawful** discrimination do you think it was? Please tick the attributes/identities below that you say led to the discrimination or prohibited conduct.

- |                                                                                                              |                                                          |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Race                                                                                | <input type="checkbox"/> Marital status                  |
| <input type="checkbox"/> Age                                                                                 | <input type="checkbox"/> Pregnancy                       |
| <input type="checkbox"/> Sexual orientation                                                                  | <input type="checkbox"/> Breastfeeding                   |
| <input type="checkbox"/> Lawful sexual activity                                                              | <input type="checkbox"/> Parental Status                 |
| <input type="checkbox"/> Gender/sex                                                                          | <input type="checkbox"/> Family responsibilities         |
| <input type="checkbox"/> Disability (imputed or real)                                                        | <input type="checkbox"/> Religious belief or affiliation |
| <input type="checkbox"/> Industrial activity                                                                 | <input type="checkbox"/> Religious activity              |
| <input type="checkbox"/> Political belief or affiliation                                                     | <input type="checkbox"/> Irrelevant criminal record      |
| <input type="checkbox"/> Political activity                                                                  | <input type="checkbox"/> Irrelevant medical record       |
| <input type="checkbox"/> Association with a person who has, or is believed to have, any of these attributes. | <input type="checkbox"/> Relationship Status             |

**If you say you have been discriminated against, you must tick at least one box.**

If you believe that you have been bullied, humiliated, intimidated, insulted, ridiculed or offended due to your:.....

- Gender/Sex
- Marital status
- Pregnancy
- Breastfeeding
- Parental status
- Family responsibilities
- Relationship Status

Tick one or more of the above that applies to you.

**Please note this part of the Act applies to these attributes ONLY. You must tick a box if you are claiming humiliation etc.**

Sexual harassment:

- gestures, comments or actions of a sexual nature, including sexual advances and physical conduct, and sexual innuendo.

- Inciting hatred on the grounds of:
- race
  - disability
  - sexual orientation
  - religious affiliation
  - religious activity

**You must tick a box if you are claiming inciting hatred**

If something has happened to you because:

- You have complained to someone about discrimination
- You have lodged a previous claim with the Anti-Discrimination Commission
- You have given evidence about discrimination
- You have refused to do something which would breach the *Anti-Discrimination Act 1998*

**Then you may have been victimized under the Anti-Discrimination Act. If you say you have been victimized, then you must tick a box.**

**Where did the discrimination, humiliation or harassment etc. happen?  
(Area of Activity.)**

Please tick the applicable box/boxes.

- Employment – including voluntary or unpaid or paid work.
- Education and Training
- Provision of facilities, goods and services
- Accommodation (land, housing, business or residential premises)
- Membership and activities of clubs
- Administration of any law of the State and any State program only in relation to:-
  - Sex/gender       Marital Status       Family responsibilities
  - Pregnancy       Parental Status       Breastfeeding
  - Relationship Status
- Awards, enterprise agreements and industrial agreements only in relation to:-
  - Sex/gender       Marital Status       Family responsibilities
  - Pregnancy       Parental Status       Breastfeeding
  - Relationship Status

**When did it happen?**

For example, time of day, day, month, year. Give exact date and time if you can. If you cannot, please try to give an approximate date/time etc.

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**Did these things happen more than 12 months ago?**     Yes     No

If the treatment you are making a complaint about happened more than 12 months ago, we may not be able to help you unless you have good reasons for not making a complaint until now. Please tell us your reasons why you waited until now to make your complaint.

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**Have you made a complaint to other agencies?**

For example, your Union, Government department, the Ombudsman, Industrial Relation Commission, Workers Compensation Tribunal, lawyer or police?

If so, please give details of complaint and any outcome to date.

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**How has this treatment affected you?**

For example, have you lost any wages or suffered personal loss or harm, been on stress leave or suffered sleeplessness, anxiety or humiliation, etc.

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**What happened? Why do you think it happened?**

The Commissioner needs to know: *what happened* and *what it is about what happened that make you believe that you have been discriminated against*. Please answer the questions below. If you need some more space please use additional paper and attach the extra pieces of paper to this form. Numbering the pages can help.

Please do not send originals of supporting documentation or copies on thermal paper.

Note: If you can remember words said to you or particular acts, and dates or times - such as 'around New Year' or during the school holidays, or around lunchtime early in the week etc. that can help us to understand and assess your complaint. Please write them down overleaf.

Write down the basic points you want us to know. We rely on you to help us understand your complaint. The Office of the Anti-Discrimination Commissioner will use what you say to make a decision on whether to accept or reject your complaint for investigation.



**What would you like to happen to sort out this complaint?**

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**Consent to send a copy of complaint to the person/organisation involved.**

If your complaint is accepted for investigation, a copy of your complaint and all attached documents will be sent to the person/organisation your complaint is about. If you want this to happen, **circle yes**. If you do not want a copy of your complaint and attached documents to go to them, **circle no** and we will send a summary of your complaint.

**YES**

**NO**

\* You **MUST** circle one of the above

Signature: .....

Name: .....

Date : .....

If your complaint is accepted for investigation, we will notify you **within 52 days** of receiving the complaint. If it is rejected, we will notify you within 52 days or as soon thereafter as possible.

This is the **first step** in the complaint process. If we accept the complaint **for investigation** we must investigate it. We start by telling you and the respondent, and asking the respondent for their response, so that they can **have their say** too. This makes the process **fair and even-handed** because the Commissioner's position **must remain neutral**.