



# Equal Opportunity Tasmania

## Complaint under the *Anti-Discrimination Act 1998 (Tas)*

### Information about making a complaint

#### Please read **BEFORE** you complete the complaint form

A formal complaint to the Tasmanian Anti-Discrimination Commissioner must be made in writing. It can be written in languages other than English, and if you need one an interpreter will be provided. Equal Opportunity Tasmania can help you to prepare your complaint.

If you need help to fill in the complaint form or to write your complaint (if you don't want to use the form), please telephone Equal Opportunity Tasmania on 1300 305 062 and make an appointment for assistance.

If you need language help with this form, call us through TIS on 131 450.

### What happens after you send your complaint to the Commissioner?

Your complaint will be assessed to check whether or not it is a proper complaint under the *Anti-Discrimination Act 1998 (Tas)*. If it is a proper complaint and it is about things that the Commissioner has authority to deal with, it will be accepted for investigation.

If your complaint is accepted for investigation, the Commissioner will:

1. Write to you to tell you of this decision **within 52 days** of getting your complaint.
2. Write to the person(s) and organisation(s) (called the **respondents**) you have complained about to tell them about the complaint and ask them for their response. The respondent(s) will be sent a copy of the complaint and everything you attach to this complaint, as well as a summary of your complaint. **Your personal details (address and other contact details on pages iii) and iv) do not form part of the complaint and will not be sent to the respondent(s).** The respondents have a right to respond so that the Commissioner understands their version of what happened.

If your complaint is rejected, the Commissioner will write to you to tell you of this decision within 52 days or as soon as possible.

## Checklist for your complaint

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

**Yes, I have written down what happened.**

Your complaint must be in writing. It can be in any language. If you need help with this, please contact the office.

**Yes, I have written down details of who discriminated against me and/or has done something else that is prohibited by the Act.**

**Yes, I have included copies of relevant documents with my complaint.**

If you are asked for information or documents by Equal Opportunity Tasmania (for example, a letter of dismissal, medical certificate, or witness' statement), you need to provide them. Please do not send the originals.

**Yes, I have made my complaint within 12 months of the last incident of discrimination.**

If your complaint is about things that happened more than 12 months ago, it will only be dealt with by the Commissioner if you can satisfy the Commissioner that there is good reason why you were late in making the complaint.

**Yes, I have signed the complaint.**

If you are unable to sign your name, please contact the office about options.

All parties in all their dealings with the Anti-Discrimination Commissioner and Equal Opportunity Tasmania must give true and accurate information. This is a responsibility for both complainants and respondents under the *Anti-Discrimination Act 1998*.

## How to contact the office for help with your complaint

You can contact Equal Opportunity Tasmania for information or help with writing your complaint:

Phone: 1300 305 062 (state-wide local call charge)

E-mail: [office@equalopportunity.tas.gov.au](mailto:office@equalopportunity.tas.gov.au)

Web SMS: 0409 401 083

If you need language help with this form, call us through TIS on 131 450.

## Where to send your complaint

By post: **GPO Box 197**  
**HOBART TAS 7001**

By fax: **03 6173 0207**

By e-mail: [office@equalopportunity.tas.gov.au](mailto:office@equalopportunity.tas.gov.au)

In person: **Level 1, 54 Victoria Street, Hobart**

## About you

(The person making the complaint = the complainant)

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:

.....

Preferred:

.....

E-mail:

.....

I agree to the Commissioner sending me letters and documents by e-mail to this address.

**Complete the following information only if you have a person representing you**

Name of representative:

.....

Organisation:

.....

Postal address

.....

Postcode:

Telephone - Business:

.....

Mobile:

.....

E-mail:

.....

Fax:

.....

If you have a representative, all contact from the Commissioner's office will be to your representative.

The following information is collected for statistical purposes only. We do this to understand whether some groups are less or more aware of their rights under discrimination law or able to make a complaint.

**Age**

- <10
- 10–14
- 15–19
- 20–29
- 30–39
- 40–49
- 50–59
- 60–69
- 70–75
- >75
- N/a

**Other details**

Country of birth:

.....

First language:

.....

Aboriginal or Torres Strait Islander  Yes  No

Do you have a disability  Yes  No

If yes, what type of disability:

.....

Gender:  Male  Female  Other:

# The complaint

Name of person making this complaint: \_\_\_\_\_

I am making this complaint:

- On my own behalf only
- On my own behalf and on behalf of the person/people/group named below
- On behalf of the person/people/group named below

**Complete the following information if you are complaining on behalf of someone else**

Name of person/people: \_\_\_\_\_

What is your relationship to the person/people? \_\_\_\_\_

## (a) Who are you complaining about?

(The person and/or organisation you are complaining about = respondent(s))

### 1. Name/organisation:

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

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

Mailing address (if different from street address): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Head of organisation (if you know): \_\_\_\_\_

What is the person's/organisation's relationship to you?

(For example, your boss, co-worker, landlord, shopkeeper, organisation, club, bank, etc.)

**2. Name/organisation:**

.....

Address:

.....

Postcode:

.....

.....

Mailing address (if different from street address):

.....

Postcode:

.....

.....

Telephone:

.....

Head of organisation (if you know):

.....

What is the person's/organisation's relationship to you?

.....

## **(b) What happened? Why do you think it happened?**

(Why you are complaining to the Commissioner)

The Commissioner needs to know: **what happened, when it happened and what it is about what happened that makes you believe that you have been discriminated against.**

Please write this in the space below. If you need some more space please use extra pages and attach the extra pages to this form. Numbering extra pages will help.

**Please do not send originals of supporting documents.**

**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) including this can help the Commissioner to understand and assess your complaint.

Write down the basic points you want the Commissioner to know. The Commissioner relies on you to help her to understand your situation and what your complaint is about. The Anti-Discrimination Commissioner will use what you say to make a decision about whether your complaint should be accepted for investigation or rejected.

**This is your complaint and it is your responsibility to make it as clear as possible.**

TYPE HERE



## Discrimination

What type of **unlawful** discrimination do you think it was? Please tick the attributes/identities below that you think are the reason for the discrimination. Please add details in the space available after the attribute to tell us how you have that attribute.

If you are complaining that you have been discriminated against, you **must** tick at least one box.

- |  |  |
|--|--|
| <input type="checkbox"/> Age   | <input type="checkbox"/> Marital status                  |
| .....  | .....  |
| <input type="checkbox"/> Breastfeeding   | <input type="checkbox"/> Parental status                 |
| .....  | .....  |
| <input type="checkbox"/> Disability  | <input type="checkbox"/> Political belief or affiliation |
| .....  | .....  |
| <input type="checkbox"/> Family responsibilities   | <input type="checkbox"/> Political activity              |
| .....  | .....  |
| <input type="checkbox"/> Gender identity   | <input type="checkbox"/> Pregnancy                       |
| .....  | .....  |
| <input type="checkbox"/> Gender/ Sex   | <input type="checkbox"/> Race                            |
| .....  | .....  |
| <input type="checkbox"/> Intersex  | <input type="checkbox"/> Relationship status             |
| .....  | .....  |
| <input type="checkbox"/> Industrial activity   | <input type="checkbox"/> Religious activity              |
| .....  | .....  |
| <input type="checkbox"/> Irrelevant criminal record  | <input type="checkbox"/> Religious belief/affiliation    |
| .....  | .....  |
| <input type="checkbox"/> Irrelevant medical record   | <input type="checkbox"/> Sexual orientation              |
| .....  | .....  |
| <input type="checkbox"/> Lawful sexual activity  |  |
| .....  |  |
| <input type="checkbox"/> Association with a person who has, or is believed to have, any of these attributes. |  |
| Who is the association with and what is the attribute they have or are believed to have?                     |  |
| .....  |  |

## Other actions you are complaining about

**Do you believe you have been humiliated, intimidated, insulted, ridiculed or offended because of your:**

- |  |   |
|--|---|
| <input type="checkbox"/> Age                     | <input type="checkbox"/> Lawful sexual activity |
| <input type="checkbox"/> Breastfeeding           | <input type="checkbox"/> Marital status         |
| <input type="checkbox"/> Disability              | <input type="checkbox"/> Parental status        |
| <input type="checkbox"/> Family responsibilities | <input type="checkbox"/> Pregnancy              |
| <input type="checkbox"/> Gender identity         | <input type="checkbox"/> Race                   |
| <input type="checkbox"/> Gender/ Sex             | <input type="checkbox"/> Relationship status    |
| <input type="checkbox"/> Intersex                | <input type="checkbox"/> Sexual orientation     |

**Do you believe you have been sexually harassed:**

- Yes

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

**Do you believe the person or organisation you have complained about has done something publicly that incited hatred, serious contempt or severe ridicule of you on the basis of your:**

- |  |   |
|--|---|
| <input type="checkbox"/> Disability                                | <input type="checkbox"/> Race                   |
| <input type="checkbox"/> Sexual orientation                        | <input type="checkbox"/> Lawful sexual activity |
| <input type="checkbox"/> Religious belief / affiliation / activity |   |

**Do you believe you have been threatened or treated badly because you have:**

- complained to someone about discrimination or related conduct
- done anything under or in relation to the *Anti-Discrimination Act 1998*
- given evidence or agreed to be a witness in a complaint about discrimination
- previously made a complaint to the Anti-Discrimination Commissioner
- refused to do something that would breach the *Anti-Discrimination Act 1998*

This is called '**victimisation**' in the Act.

**In what situation did these things happen? (area of activity)**

- 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
- Awards, enterprise agreements and industrial agreements

**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.

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

If you are complaining about things that happened more than 12 months ago, you need to have good reasons for not making a complaint until now. Please tell us why you waited until now to make your complaint.

TYPE HERE

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**Have you made a complaint to anyone else?**  **Yes**  **No**

(For example, a Government Department, the Ombudsman, Industrial Relations Commission, Workers Compensation Tribunal, or the Police.)

If **Yes**, please give details of that complaint and any outcome to date.

TYPE HERE

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**How has this treatment affected you? How did it make you feel?**

TYPE HERE

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**What do you want to change as a result of making this complaint?**

TYPE HERE

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## You must sign your complaint

Complainant's name

.....

Complainant's signature

.....

Date

.....

If you cannot sign your name, please contact the office to find out the alternative.

### Personal Information Protection Statement

A function of the Anti-Discrimination Commissioner, Tasmania, is to assess, investigate and conciliate complaints of discrimination and prohibited conduct in accordance with the *Anti-Discrimination Act 1998* (the Act).

Under the *Personal Information Protection Act 2004*, the Commissioner is a custodian of personal information and the collection, use and disclosure of information by the Commissioner is governed by the Act.

1. Personal information will be collected from you for the purpose of dealing with this complaint and will be used by the Anti-Discrimination Commissioner and her office to enable your complaint to be assessed and, if necessary, investigated in accordance with the Act.
2. Your personal information will be used for the primary purpose of dealing with this complaint and may be disclosed to third parties where necessary to assess, investigate, attempt to resolve and/or refer the complaint.
3. Your personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to Equal Opportunity Tasmania.