



**Equal Opportunity  
Tasmania**

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

# **Complaint form**

### **Return to Equal Opportunity Tasmania:**

**By post:** Reply Paid 83343, Hobart TAS 7001 (no stamp required)

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

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

**Contact us:**

Phone: 1300 305 062 (in Tasmania) or (03) 6165 7515

Text: 0409 401 083

Translating and Interpreting Service: 131 450

National Relay Service

TTY Users: Phone 133 677 then ask for 1300 305 062

Speak and Listen: 1300 555 727 then ask for 1300 305 062

**[www.equalopportunity.tas.gov.au](http://www.equalopportunity.tas.gov.au)**



Scan with a QR  
code reader to  
access this form  
online.

**About you**

Your contact details will not be provided to the respondent/s.

Preferred title (Mr/Mrs/Ms/Miss/Dr, etc)

First name

Preferred first name (we will use this name in all correspondence unless you request otherwise)

Last name

Mailing address

Postcode

Telephone (home)

Telephone (work)

Mobile

Preferred

I agree to letters and documents being sent by e-mail to this address Yes No

E-mail

**Do you have a representative (solicitor or advocate)?**

If yes, all correspondence from this office will be to your representative.

Name of representative

Organisation

Mailing address

Postcode

Telephone (business)

Telephone (mobile)

E-mail

**The following information is collected for statistical purposes only.**

**Age**

<10

10–14

15–19

20–29

30–39

40–49

50–59

60–69

70–75

>75

**Country of birth**

**First language**

**Are you Aboriginal or Torres Strait Islander?**

Yes

No

**Do you have a disability?**

Yes

No

If yes, what type of disability?

**Gender**

Male

Female

Prefer not to tell us

Other

**How did you hear about Equal Opportunity Tasmania?**

# The complaint

Your name

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/group

What is your relationship to the person/people/group?

## Who are you complaining about?

### 1. Name/organisation

Address

Postcode

Mailing address

Postcode

Telephone

Head of organisation (if you know)

### 2. Name/organisation

Address

Postcode

Mailing address

Postcode

Telephone

Head of organisation (if you know)

*If you are complaining about more than two people or organisations, please provide this information on an extra page.*

## What are you complaining about?

### Have you been discriminated against because of

- |                                            |                                 |
|--------------------------------------------|---------------------------------|
| Race                                       | Parental status                 |
| Age                                        | Family responsibilities         |
| Sexual orientation                         | Disability                      |
| Lawful sexual activity                     | Industrial activity             |
| Gender                                     | Political belief or affiliation |
| Gender identity                            | Political activity              |
| Intersex variations of sex characteristics | Religious belief or affiliation |
| Marital status                             | Religious activity              |
| Relationship status                        | Irrelevant criminal record      |
| Pregnancy                                  | Irrelevant medical record       |
| Breastfeeding                              |                                 |

Association with a person who has, or is believed to have, any of these attributes.

If yes, who is the association with and what is the attribute they have or are believed to have?

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### Have you been offended, humiliated, intimidated, insulted or ridiculed because of

- |                                            |                         |
|--------------------------------------------|-------------------------|
| Race                                       | Marital status          |
| Age                                        | Relationship status     |
| Sexual orientation                         | Pregnancy               |
| Lawful sexual activity                     | Breastfeeding           |
| Gender                                     | Parental status         |
| Gender identity                            | Family responsibilities |
| Intersex variations of sex characteristics | Disability              |

### Have you been sexually harassed?

Yes      No

*Sexual harassment may include unwanted sexual comments or actions, including advances, touching, jokes and pictures.*

### Has the person or organisation you are complaining about done something publicly that incited hatred, serious contempt or severe ridicule because of

- |                        |                                             |
|------------------------|---------------------------------------------|
| Race                   | Gender identity                             |
| Sexual orientation     | Intersex variations of sex characteristics  |
| Lawful sexual activity | Disability                                  |
|                        | Religious belief or affiliation or activity |

### Have you been victimised?

Yes      No

*Victimisation includes punishing or threatening to punish someone because they have complained to someone about discrimination, made a complaint to us, or helped someone who has complained about discrimination.*

## What happened?

Please tell us **what happened**, **where it happened** and **when it happened**.

A series of horizontal dotted lines for writing.

**Did these things happen more than 12 months ago?**

Yes            No

If yes, 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.

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**Have you made a complaint to anyone else?**

(For example, the Ombudsman, Fair Work Australia, Workers Compensation Tribunal, or the Police.)

Yes            No

If yes, please give details of that complaint and any outcome

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**How have you been affected?**

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**What outcome do you want to resolve your complaint?**

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# You must sign your complaint

Your name

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Your signature

Date

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*If you cannot sign your name, please contact us to find out what to do.*

## Checklist for your complaint

Yes, I have written down what happened.

Yes, I have written down details of who I am complaining about.

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

Yes, I have signed the complaint.

## Personal Information

If you make a complaint under the *Anti-Discrimination Act 1998* (the Act), Equal Opportunity Tasmania will collect your personal information. 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 or attempt to resolve and/or refer the complaint in accordance with the Act.

Personal information will be managed in accordance with the *Personal Information Protection Act 2004*.

**If the complaint is accepted for investigation, a copy of your complaint and relevant accompanying documentation is usually sent to the respondent (person complaint is about) to provide a response to the complaint. Your personal contact details do not form part of the complaint and will not be provided.**

