



**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: complaints@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



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

About you

If the complaint is accepted for investigation, a copy of your complaint and relevant accompanying documentation is 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.

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 (business)

Telephone (mobile)

E-mail

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

Do you have a representative (solicitor or advocate) for this complaint?

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 | 20–29 | 50–59 | >75 |
| 10–14 | 30–39 | 60–69 | |
| 15–19 | 40–49 | 70–75 | |

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 Non-binary Indeterminate Gender Prefer not to answer

Other

How did you hear about Equal Opportunity Tasmania?

The complaint

Full 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/group

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

Who are you complaining about?

1. Name of person or organisation

Address

Postcode

Telephone

Email address

Head of organisation (if you know)

2. Name of person or organisation

Address

Postcode

Telephone

Email address

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

| | |
|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Parental status |
| <input type="checkbox"/> Age | <input type="checkbox"/> Family responsibilities |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Lawful sexual activity | <input type="checkbox"/> Industrial activity |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Political belief or affiliation |
| <input type="checkbox"/> Gender identity | <input type="checkbox"/> Political activity |
| <input type="checkbox"/> Intersex variations of sex characteristics | <input type="checkbox"/> Religious belief or affiliation |
| <input type="checkbox"/> Marital status | <input type="checkbox"/> Religious activity |
| <input type="checkbox"/> Relationship status | <input type="checkbox"/> Irrelevant criminal record |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Irrelevant medical record |
| <input type="checkbox"/> 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?

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

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

| | |
|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Intersex variations of sex characteristics |
| <input type="checkbox"/> Lawful sexual activity | <input type="checkbox"/> Disability |
| | <input type="checkbox"/> 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**.

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. (Provide additional information on last page if required)

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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. (Provide additional information on last page if required)

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How have you been affected? (Provide additional information on last page if required)

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What outcome do you want to resolve your complaint? (Provide additional information on last page if required)

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You must sign your complaint

Your full name

Your signature

Date

You typing your name is not a signature. If you do not have an electronic signature you will need to print off the form and sign it.

If you cannot sign your name yourself, 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*.

Additional Information