

Complaint form

To make a complaint, please fill out this form. There is a checklist below to help you.

If you need help filling out this form, need the assistance of an interpreter, or have other special needs, please let us know.

PLEASE NOTE: If we take up your complaint we will send copies of pages 2 – 6 (and any additional pages of your complaint summary), together with any other relevant information, to those who you are complaining about.

Checklist for lodging a complaint

If you decide to lodge a complaint you need to:

- Provide your complaint in writing - this can be in your preferred language
- Sign and date your complaint or check the box underneath the 'Summary of your complaint' if sending it electronically
- Explain what has happened and why you think it is discrimination
- Refer to a ground of discrimination and an area of activity (*see below) in your complaint
- Include details about the individual or organisation that you believe has discriminated against you
- Attach copies of any relevant documentation. You can provide up to five pages, if we need more information we will ask you for it.
- Send your complaint to us within 12 months of the last act of discrimination (see # below)

***Grounds** of discrimination are race, age, disability/illness, sex, gender identity, sexual orientation, intersex status, marital or domestic partnership status, identity of spouse/domestic partner, pregnancy, caring responsibilities, association with a child, breast feeding, religious appearance or dress, sexual harassment, victimisation.

***Areas** of activity are in workplaces, educational institutions, accommodation, goods or services, membership of clubs and associations, conferral of qualifications, disposal/sale of land and advertising.

#Time limit: You can complain within 12 months of the event happening. If there was a series of events of discrimination, the 12 months runs from the last event. Late complaints can sometimes be accepted. Please contact us to discuss this before lodging your complaint.

Part A – Complainant details

Title	First name	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Family name

Postal Address

City / Town / Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Mobile	Phone (Home)	Phone (Work)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fax	TTY	Can we contact you at work?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does anyone involved in this complaint need assistance to participate in the complaint process? Please specify what assistance is required (e.g. Interpreter; translation of written materials into alternate language, plain English or Braille; provision of specialised equipment; communication aids such as the National Relay Service or sign interpreters)

Preferred method of written contact

Email

Post

Official use only:

If you are complaining on behalf of someone else, please provide details about this person.

Title	First name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address

Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

What is their relationship to you?	Do you have consent to act on their behalf? *
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide details)
<input type="text"/>	

Part B – Organisation or person you are complaining about?

Respondent 1

Name of organisation or person

Contact person's name at organisation	Contact person's position at organisation
<input type="text"/>	<input type="text"/>

ABN of organisation (if known – check payslip or receipt)

Postal Address

Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Phone (Work)	Mobile	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please provide written consent to act on behalf of someone else signed by both parties

Respondent 2

Name of organisation or person

Contact person's name at organisation

Contact person's position at organisation

ABN of organisation (if known – check payslip or receipt)

Postal Address

Suburb

State/Territory

Postcode

Email

Phone (Work)

Mobile

Fax

Note: Please provide details of any other respondent(s) on a separate page.

Part C – What is your complaint about?

When did the alleged event(s) happen?

I think that I have been discriminated against because of my (check the boxes below):

- Age
- Association with a child (e.g. breastfeeding in public, not being served because of children)
- Caring responsibilities
- Disability/illness
- Gender identity
- Identity of a spouse or domestic partner
- Intersex status
- Marital or domestic partnership status
- Pregnancy
- Race
- Religious appearance or dress
- Sex
- Sexual orientation

Or I have been:

- Sexually harassed
- Victimised because I made a complaint
- Victimised for being a whistleblower
- Treated unfairly for another reason

Where did these things happen? (area of public activity)

- Employment (including voluntary, paid or unpaid work)
- Goods and services (in shops, hotels etc., or when using services such as an electrician etc.)
- Accommodation (land, housing, business or residential premises)
- Education
- Granting of qualifications
- Clubs and associations
- Sale of land
- Advertising
- Other (please provide details)

Please tell us:

- What happened?
- Who did it?
- Who was involved?
- What is their relationship to you?
- Why do you think it is discrimination, sexual harassment or victimisation?

Your response, along with any additional information in support of this complaint, can be provided as separate attachments to this Complaint Form. Please provide your responses on typed A4 pages and ensure that you retain original supporting documents for your records.

Signature

Date

What (if anything) have you done to try to resolve your complaint?

Have you talked to another organisation about this? If so, please write the name of the organisation and the person you contacted in the box below.

What effect (personal or financial) did the unfair treatment have on you?

What would you like to see happen that would resolve this complaint?

If someone is helping you with the complaint, e.g. legal representative, advocate or union representative, please provide their details below.

Title

First name

Family name

Title / Job / Role

Organisation

Postal Address

Suburb

State/Territory

Postcode

Email

TTY

Phone (Work)

Mobile

Fax

Please send correspondence to this person

Please send correspondence to me

Have you lodged a complaint previously with the Equal Opportunity Commission? No Yes

Was the complaint lodged under a different family name? No Yes

Family name

Details of previous complaint

Statistical Information

Answering the following questions will help us to evaluate our services and better understand the discrimination that people are experiencing. You will not be identified in any data that we publish.

Note: If you are filling out this form on behalf of another person, please enter **their** details.

Gender *: Male Female Other (non-binary, gender diverse, indeterminate or unspecified)

If you feel these categories do not appropriately reflect your gender identity, please use the space below to describe your gender.

Age: 0-9 10-19 20-29 30-39 40-49 50-59 60-69 70-79 80+

Country of Birth:

Aboriginal or Torres Strait Islander:

Yes No

Is English your first language?

Yes No

If not, what is your first language?

If you require any assistance please contact us:

Phone: 8207 1977
Country callers: 1800 188 163
Fax: 8207 2090
TTY: 8207 1911
Email: eoc@agd.sa.gov.au
Website: www.eoc.sa.gov.au

Please sign this form and send to:

Equal Opportunity Commission
 GPO Box 464, Adelaide SA 5001
 Or email as an attachment to eoc@agd.sa.gov.au

Street address:
 Level 17, 45 Pirie Street, Adelaide SA 5000

Privacy statement:

Personal information provided to the Equal Opportunity Commission is protected by the Information Privacy Principles (IPPS) Instruction. Please see <http://www.archives.wsa.gov.au/alias/privacy>

- Based on Standard Australian Bureau of Statistics (ABS) Gender Classifications in 1200.0.55.102 Standard for Sex and Gender Variables 2016