



# Complaint Form

All formal complaints to the NT Anti-Discrimination Commissioner must be in writing. If you are having trouble filling out this form, go to the nearest Legal Aid office, Community Legal Service or contact the Anti-Discrimination Commissioner's Office.

**Phone:** (08) 8999 1444

**Freecall:** 1800 813 846

**Postal:** LMB 22 GPO Darwin NT 0801

**Fax:** (08) 8981 3812

**Email:** [antidiscrimination@nt.gov.au](mailto:antidiscrimination@nt.gov.au)

**Website:** [www.adc.nt.gov.au](http://www.adc.nt.gov.au)

## Question 1. About you

Your name: \_\_\_\_\_  
PLEASE PRINT

Your postal address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Other: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

We would appreciate you answering the following for our records. Are you:

From a non-English speaking background (NESB)

Female  Male  X

Aboriginal/Torres Strait Islander

Impaired (physical/intellectual/mental disability)

## Question 2. Who do you think treated you unfairly?

Business/Organisation/Agency: \_\_\_\_\_

The person's name (if known): \_\_\_\_\_  
PLEASE PRINT

Their position (if known): \_\_\_\_\_

Is this complaint work related:  Yes  No

Employer's name if work related: \_\_\_\_\_

Their postal address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Question 3(a)** why do you think you were treated unfairly? Was it because of:

- your race or ethnic origin
- your sex
- your age
- your sexual preference or characteristics (sexuality)
- your marital status (married, single, or de facto)
- whether you have children or not (parenthood)
- your impairment (disability)
- you were breastfeeding
- your trade union membership or non-membership
- your religious beliefs
- your political beliefs
- your medical or criminal records which are irrelevant to your situation
- your pregnancy
- your details being published under section 66M of the *Fines and Penalties (Recovery) Act*
- your association with someone who has, or is believed to have, one of the above listed attributes

**Question 3(b).** We also look at complaints where the following things may have happened:

- you were sexually harassed
- you were harassed because of your race, impairment, sexuality or parenthood etc
- you were asked questions about yourself which were unnecessary and upon which discrimination might be based
- you have a special need because of your race, sex, impairment, etc, and your special need was not catered for
- an advertisement may be discriminatory
- you have been treated badly because you have a guide or assistance dog
- someone has tried to help someone contravene the Anti-Discrimination Act
- you were treated differently because you had put in a complaint to the Anti-Discrimination Commissioner or you were a witness for someone who put in a complaint to the Anti-Discrimination Commissioner.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Question 4.** Where did the unfair treatment happen (please tick a box)?

- employment/work
- when you tried to get food, drink, cars, clothes, or anything that is legal to buy, rent or lease (supply of goods, services and facilities)
- education
- accommodation
- club membership
- superannuation/insurance

Something not listed here - please explain:

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**Question 5.** Please give a detailed description of your complaint.  
(Tell us what happened, where, when and who was involved.)

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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Question 5 Cont'**

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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Question 7.** Have you talked to another organisation about this? If so, write the name of the organisation and the person you dealt with there:

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**Question 8.** Have you tried to talk to who you are complaining about or have you tried to sort out this complaint in any other way? If you did, write what happened here:

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**Question 9.** Did these things happen within the last 12 months? (We may not be able to deal with matters that occurred more than 12 months ago). If so, please fully explain the reasons why you delayed making the complaint.

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**Question 10.** What effect (financial or personal) did the unfair treatment have on you?

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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Question 11.** Do you know anyone who saw the unfair treatment and is willing to help you with your complaint? If so, write their names and contact phone numbers here:

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**Question 12.** Do you have any documents or anything else that has anything to do with your complaint? Please attach a photocopy.

**Question 13.** List anything else you think we may need to know here.

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**Thank you.**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_