|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | |
| Before you start Before making a complaint under the [*Northern Territory Anti-Discrimination Act*](https://legislation.nt.gov.au/Legislation/ANTIDISCRIMINATION-ACT-1992)*[[1]](#footnote-1)* it’s important to know what the Act covers.  If you are having trouble filling out this form, contact the [Anti-Discrimination Commission](https://adc.nt.gov.au/contacts/contact-us)[[2]](#footnote-2). | | | | | | | | | |
| Your details | | | | | | | | | |
| Full name | | |  | | | | | | |
| Mobile | |  | | | | **Landline number** | |  | |
| Email | |  | | | | | | | |
| Postal address | | |  | | | | | | |
| Who is the complaint about? | | | | | | | | | |
| Is the complaint work related? | | | | Yes / No | | | | | |
| What is your employer’s name?  (if work related) | | | |  | | | | | |
| Employer’s phone | | | |  | | | | | |
| Employer’s postal address | | | |  | | | | | |
| Which business, organisation, agency or individual do you think treated you unfairly? (if not work related) | | | |  | | | | | |
| Person’s name | | | |  | | | | | |
| Position title | | | |  | | | | | |
| Complaint reason | | | | | | | | | |
| What is the reason for your complaint? Select all that apply. Mark answers with an ‘X’ | | | | | | | | | |
| I was discriminated against because of an attribute (treated unfairly or harassed) | | | | | | | | |  |
| I have a special need because of an attribute that wasn’t accommodated | | | | | | | | |  |
| I was sexually harassed | | | | | | | | |  |
| I experienced offensive behaviour | | | | | | | | |  |
| Other prohibited conduct (refer to ‘Other reasons for complaint’ section) | | | | | | | | |  |
| Discrimination reason (if selected) | | | | | | | | | |
| **Why do you think you were discriminated against because of an attribute (treated unfairly or harassed)? Was it because of:** Select all that apply. Mark answers with an ‘X’ | | | | | | | | | |
| your race or ethnic origin | | | | |  | | you were breastfeeding | |  |
| your language, including sign language | | | | |  | | your disability, including physical and mental health conditions | |  |
| your sex | | | | |  | | your HIV or hepatitis status | |  |
| your gender identity | | | | |  | | you were subject to domestic violence | |  |
| your age | | | | |  | | your trade union membership or non-membership | |  |
| your sexual orientation | | | | |  | | your religious beliefs or activity | |  |
| your sex characteristics | | | | |  | | your political opinion, affiliation or activity | |  |
| your relationship status, including married, single, or de facto | | | | |  | | your irrelevant medical records | |  |
| your accommodation status | | | | |  | | your irrelevant criminal records | |  |
| your employment status | | | | |  | | your pregnancy | |  |
| your employment in sex work or engaging in sex work, including past employment | | | | |  | | your details being published under section 66M of the [*Fines and Penalties (Recovery) Act 2001*](https://legislation.nt.gov.au/Legislation/FINES-AND-PENALTIES-RECOVERY-ACT-2001#page=46&zoom=auto,88,370) | |  |
| your carer responsibility | | | | |  | | your association with someone who has, or is believed to have, one of the above listed attributes | |  |
| Special need reason (if selected) | | | | | | | | | |
| **Why do you think your special need wasn’t accommodated? Was it because of:**  Select all that apply. Mark answers with an ‘X’ | | | | | | | | | |
| your race or ethnic origin | | | | |  | | you were breastfeeding | |  |
| your language, including sign language | | | | |  | | your disability, including physical and mental health conditions | |  |
| your sex | | | | |  | | your HIV or hepatitis status | |  |
| your gender identity | | | | |  | | you were subject to domestic violence | |  |
| your age | | | | |  | | your trade union membership or non-membership | |  |
| your sexual orientation | | | | |  | | your religious beliefs or activity | |  |
| your sex characteristics | | | | |  | | your political opinion, affiliation or activity | |  |
| your relationship status, including married, single, or de facto | | | | |  | | your irrelevant medical records | |  |
| your accommodation status | | | | |  | | your irrelevant criminal records | |  |
| your employment status | | | | |  | | your pregnancy | |  |
| your employment in sex work or engaging in sex work, including past employment | | | | |  | | your details being published under section 66M of the [*Fines and Penalties (Recovery) Act 2001*](https://legislation.nt.gov.au/Legislation/FINES-AND-PENALTIES-RECOVERY-ACT-2001#page=46&zoom=auto,88,370) | |  |
| your carer responsibility | | | | |  | | your association with someone who has, or is believed to have, one of the above listed attributes | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Offensive behaviour reason (if selected) | | | | | | |
| **Why do you think you were subjected to offensive behaviour? Was it because of:**  Select all that apply. Mark answers with an ‘X’ | | | | | | |
| your race or ethnic origin | | |  | you were breastfeeding | |  |
| your language, including sign language | | |  | your disability, including physical and mental health conditions | |  |
| your sex | | |  | your HIV or hepatitis status | |  |
| your gender identity | | |  | you were subject to domestic violence | |  |
| your age | | |  | your trade union membership or non-membership | |  |
| your sexual orientation | | |  | your religious beliefs or activity | |  |
| your sex characteristics | | |  | your political opinion, affiliation or activity | |  |
| your relationship status, including married, single, or de facto | | |  | your irrelevant medical records | |  |
| your accommodation status | | |  | your irrelevant criminal records | |  |
| your employment status | | |  | your pregnancy | |  |
| your employment in sex work or engaging in sex work, including past employment | | |  | your details being published under section 66M of the [*Fines and Penalties (Recovery) Act 2001*](https://legislation.nt.gov.au/Legislation/FINES-AND-PENALTIES-RECOVERY-ACT-2001#page=46&zoom=auto,88,370) | |  |
| your carer responsibility | | |  | your association with someone who has, or is believed to have, one of the above listed attributes | |  |
| Other reasons for complaint (if selected) | | | | | | |
| **We also look at complaints where the following things may have happened.**  Select all that apply. Mark answers with an ‘X’ | | | | | | |
| You were asked questions about yourself were unnecessary and upon which discrimination might be based | | | | | |  |
| 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 Northern Territory *Anti-Discrimination Act 1992* | | | | | |  |
| 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 | | | | | |  |
| Complaint area | | | | | | |
| **What area of activity did the incident happen?**  Select all that apply. Mark answers with an ‘X’ | | | | | | |
| Education | | |  | When you were supplying goods, services and facilities | |  |
| Employment or work, including as a volunteer | | |  | Club membership | |  |
| Accommodation | | |  | Superannuation or insurance | |  |
| When you tried to get food, drink, cars, clothes, or anything that is legal to buy, rent or lease | | |  | Administration of laws and government programs | |  |
| Other (provide details) | | | | | | |
|  | | | | | | |
| Complaint details | | | | | | |
| What date did the incident happen? | |  | | | | |
| What happened that led to you making this complaint?  Provide a detailed description about the incident.  Include:   * where the incident happened * important times and dates * what happened | |  | | | | |
| Who was involved in the incident?  Include the names of any witnesses | |  | | | | |
| Why do you think you were:   * discriminated against because of an attribute * your special need because of an attribute wasn’t accommodated, or * subjected to offensive behaviour   based on your selected reasons? | |  | | | | |
| What effect did the:   * discrimination because of an attribute * sexual harassment * not having your special need accommodated * offensive behaviour, or * other prohibited conduct   have on you?  This includes financial or personal effects. | |  | | | | |
| **If you selected your relationship status as the reason for:**   * discrimination because of an attribute * not having your special need accommodated, or * offensive behaviour,   **what is your relationship status?** | | Married / Single / De facto / Other | | | | |
| Complaint contact | | | | | | |
| Have you tried to talk to who you are complaining about or sort out this complaint in any other way? | | Yes / No | | | | |
| If yes, provide details of what happened when you contacted them? | |  | | | | |
| Have you talked to another organisation about this? | | Yes / No | | | | |
| If yes, what is the name of the organisation? | |  | | | | |
| Who did you talk to? | |  | | | | |
| Other Information | | | | | | |
| It is important to the Anti-Discrimination Commission that we provide an accessible service to all Territorians.  To do that we need to collect some general information about you.  Providing this information is optional. If you don’t wish to provide the information you can move on to review your complaint. | | | | | | |
| **What is your gender?** | Female / Male / Other | | | | | |
| Are you from a non-English speaking background? | | | | | Yes / No | |
| **Are you Aboriginal or Torres Strait Islander?** | | | | | | |
| Yes, Aboriginal | | |  | Yes, both Aboriginal and Torres Strait Islander | |  |
| Yes, Torres Strait Islander | | |  | No | |  |
| Do you have a disability or special need? | | Yes / No | | | | |
| Submit Email your completed form to [antidiscrimination@nt.gov.au](mailto:antidiscrimination@nt.gov.au)  or  Mail to: LMB 22 GPO Darwin NT 0801  Deliver to: Level 9, NT House, 22 Mitchell Street Darwin NT 0801 Privacy Your information is being requested by the Northern Territory Anti-Discrimination Commission for the primary purpose of providing assistance to you with your complaint.   The information you provide on this complaint form is being collected and used in accordance with the [Northern Territory Information Act 2002](https://legislation.nt.gov.au/Legislation/INFORMATION-ACT-2002)*[[3]](#footnote-3)* and associated privacy principles.  If your complaint is accepted the complaint form will be provided to the organisation or person you complain about for comment. Call the NT Anti-Discrimination if you have any concerns.  If you need to change, update, or request a copy of your information, you should contact the NT Anti-Discrimination Commission. ContactLevel 9 NT House 22 Mitchell Street Darwin NT 0801Postal address LMB22  GPO Darwin NT 0801  Free call: 1800 813 846  Phone: 08 8999 1444  Email: [antidiscrimination@nt.gov.au](mailto:antidiscrimination@nt.gov.au) | | | | | | |

1. <https://legislation.nt.gov.au/Legislation/ANTIDISCRIMINATION-ACT-1992> [↑](#footnote-ref-1)
2. <https://adc.nt.gov.au/contacts/contact-us> [↑](#footnote-ref-2)
3. <https://legislation.nt.gov.au/Legislation/INFORMATION-ACT-2002> [↑](#footnote-ref-3)