

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 or 1800 813 846 (freecall)

TTY: (08) 8999 1466

Postal: LMB 22 GPO Darwin NT 0801

Fax: (08) 8981 3812

Email: complaintadc@nt.gov.au

Website: 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
- 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:
(please tick a box or boxes)

- 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 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
- you have been treated unfairly because you have a guide or assistance dog
- you were treated differently because you had put in a complaint or were a witness for someone who put in a complaint to the Anti-Discrimination Commission
- you were offended by discriminatory advertising

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. It is important to show that you were treated unfairly because of an attribute you have ticked at questions 3a & 3b. Explain what happened and why you think the way you were treated was based on your attribute.

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Your Signature: _____ Date: _____

Question 6. 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 7. 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 8. Did these things happen within the last 6 months? (We may not be able to deal with matters that occurred more than 6 months ago). If so, please fully explain the reasons why you delayed making the complaint.

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Question 9. What effect (financial or personal) did the unfair treatment have on you?

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Your Signature: _____ Date: _____

