

Anti-Discrimination NSW complaint form

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What do we do?

Anti-Discrimination NSW handles complaints of discrimination, sexual harassment, vilification and victimisation. If we require more information about your complaint, we will contact you.

When you complete this form and send it to us, you are consenting to us using your information for our complaint processes of assessment, investigation and conciliation. If accepted for investigation, a copy of your complaint will be provided to the person or organisation you are complaining about (called the respondent) and if necessary, others who may be relevant to our investigation. By submitting the form, you agree to us sending this form and other material you provide, to the respondent and others.

Information about other people

Please do not include personal information about other people unless they have agreed, but you do not need the consent of the person(s) you are complaining about (the respondent).

Questions

If you have questions about the complaint process or about completing this form, please contact our enquiry service on complaintsadb@justice.nsw.gov.au or 02 9268 5544 or 1800 670 812.

How to complain

Email this complaint form to complaintsadb@justice.nsw.gov.au

Or, post this complaint to Anti-Discrimination NSW, Locked Bag 5000, Parramatta NSW 2124.

Please note that there will be delays if you send your complaint by post.

Part A: About you, the complainant

You must provide us with your name and address for us to proceed with your complaint.

If you do not want your contact details sent to the respondent, please provide them in a separate document.

a coparato accam	
Title:	
First name:	
Last name:	
Address:	
Suburb:	
Postcode:	
Email:	
Phone:	
Mobile:	
Email Phone (Optional) What p (Optional) What notes that the control of the contr	ronoun do you use (e.g. he/him, she/her, they/them)?ame would you like us to refer to you by?any assistance to participate in the complaint process e.g., because lity, or speak English as an additional language. ADNSW can have this you need this.
union representativ	ails of anyone helping you with this complaint, such as an advocate, a re or legal representative.
Title:	
First name:	
Last name:	
Position:	

Organisation:	
Address:	
Suburb:	
Postcode:	
Email:	
Phone:	
Mobile:	
Complaint on beh	nalf of someone else (if you are making the complaint for the
Only fill this out if y details here.	rou are making the complaint for the someone else. Please provide your
Title:	
First name:	
Last name:	
Address:	
Suburb:	
Postcode:	
Email:	
Phone:	
Mobile:	
What is your relat	ionship to the complainant?
How do you want	us to contact you?
If you are making Authority to Act.	the complaint for the complainant, please have them complete Part D:

Part B: Who are you complaining about?

Respondent 1			
Name of person of	or organisation:		
ABN (if relevant):			
Address:			
Suburb:			
Postcode:			
Email:			
Phone:			
Mobile:			
What is your relat	ionship to this res	pondent?	
Respondent 2 (Օլ	otional)		
Name of person of	or organisation:		
ABN (if relevant):			
Address:			
Suburb:			
Postcode:			
Email:			
Phone:			
Mobile:			
What is your relat	ionship to this res	pondent?	
If there are more	than two responde	ents, please	provide their details.
Have you made a when?	complaint to ano	ther organis	ation about this? If so, which one and

Part C: What is your complaint about?

Visit our website for information about the types of discrimination that are against the law in New South Wales: antidiscrimination.nsw.gov.au or contact us on 02 9268 5544 or 1800 670 812.

I am complaining because I believe I have experienced:
☐ discrimination because of my
age, what is your age?
disability (includes illnesses and presumed disability), what is your disability?
homosexuality (including presumed homosexuality)
marital or domestic status, what is your marital or domestic
status?
national origin), what is your race?
sex (includes pregnancy and breastfeeding), what is your sex?
responsibilities as a carer (employment only), what are your caring
responsibilities?
☐ transgender status (including presumed transgender status) ☐ sexual harassment
vilification (a public act that incites hatred towards, serious contempt for, or
severe ridicule of, a person or group of persons) relating to
☐ race☐ religion (includes religious belief, affiliation or activity, as well as not
having a religious belief, affiliation or activity), what is your religion?
☐ HIV status
transgender status
homosexuality
victimisation because I made a complaint about one of the grounds listed
above, or helped someone make a complaint
Where did the discrimination occur?
_
☐ Employment
☐ Goods and services ☐ Education
Accommodation
Registered club
Other (specify):
What happened? Describe the events you are complaining about and include any dates, locations and anyone involved.

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The President can decline to accept a complaint if the events happened more than
12 months ago. If the events happened more than 12 months ago, what stopped you from lodging the complaint at the time?
from lodging the complaint at the time?
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from lodging the complaint at the time?
from lodging the complaint at the time? How have you been affected?
from lodging the complaint at the time?
from lodging the complaint at the time?
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Please do not send any other information. We will let you know if you need to provide more information.

Email this complaint form to complaintsadb@justice.nsw.gov.au or post to Anti-Discrimination NSW, Locked Bag 5000, Parramatta NSW 2124.

Part D: Authority to Act

The complainant must agree to you complaining for them

Name of complainant:
(complainant)
agree for (name of person authorised to act on complainant's behalf)
to act on my behalf at all times in the complaint process until the complaint is finalised by Anti-Discrimination NSW.
can withdraw this consent at any time by telling Anti-Discrimination NSW in writing that I no longer wish the person named above to act on my behalf.
Date:

Privacy statement

The personal information that you have provided is protected under privacy legislation, including the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*.

Anti-Discrimination NSW uses the personal information you provide in this form and in other communications to carry out its statutory functions under the *Anti-Discrimination Act 1977*. These include the investigation and conciliation of complaints of unlawful discrimination, and research and inquiries into discrimination. This means a copy of the complaint and other relevant information will be provided to the respondent (the person, company or organisation the complaint is about). If we use your information for research purposes, we will not allow any personally identifying information to be made public. By lodging your complaint with Anti-Discrimination NSW, you are consenting to the use of the information you have provided to fulfil these statutory functions.

For details of the collection and use of your personal information and your rights in regard to information held about you by Anti-Discrimination NSW, please contact us.