



Anti-Discrimination  
New South Wales

# Anti-Discrimination NSW complaint form

## Table of Contents

Part A: About you, the complainant .....	2
Part B: Who are you complaining about? .....	4
Part C: What is your complaint about? .....	6
Part D: Authority to Act.....	8

## 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](mailto: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](mailto: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

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

Title:	
First name:	
Last name:	
Address:	
Suburb:	
Postcode:	
Email:	
Phone:	
Mobile:	
How would you like us to contact you? <input type="checkbox"/> Email <input type="checkbox"/> Phone (Optional) What pronoun do you use (e.g. he/him, she/her, they/them)? _____ (Optional) What name would you like us to refer to you by? _____  You must provide us with your name and address for us to proceed with your complaint.	
Tell us if you need any assistance to participate in the complaint process eg because you have a disability, or speak English as an additional language. ADNSW can have this form translated if you need this. _____ _____ _____ _____	

Please provide details of anyone helping you with this complaint, such as an advocate, a union representative or legal representative.

We will send all correspondence to you, (the complainant) unless you ask us not to.

Title:	
--------	--

First name:	
Last name:	
Position:	
Organisation:	
Address:	
Suburb:	
Postcode:	
Email:	
Phone:	
Mobile:	

**Complaint on behalf of someone else (if you are making the complaint for the complainant)**

Only fill this out if you are making the complaint for the complainant. Please provide your details here.

Title:	
First name:	
Last name:	
Address:	
Suburb:	
Postcode:	
Email:	
Phone:	
Mobile:	
What is your relationship to the complainant?	
How do you want us to contact you? <input type="checkbox"/> Email <input type="checkbox"/> Phone	
If you are making the complaint for the complainant, please have them complete <u>Part D: Authority to Act</u> .	

## Part B: Who are you complaining about?

---

### Respondent 1

Name of person or organisation:	
ABN (if relevant):	
Address:	
Suburb:	
Postcode:	
Email:	
Phone:	
Mobile:	
What is your relationship to this respondent?	

### Respondent 2 (Optional)

Name of person or organisation:	
ABN (if relevant):	
Address:	
Suburb:	
Postcode:	
Email:	
Phone:	
Mobile:	
What is your relationship to this respondent?	

If there are more than two respondents, please provide their details.

---

---

---

---

---

Have you made a complaint to another organisation about this? If so, which one and when?

---

---

---

---

---

---

---

---

## 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](http://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? \_\_\_\_\_
  - race (includes colour, nationality, descent, ethnic, ethno-religious, 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 (relating to race, HIV status, transgender status or 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.

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 prevented you from lodging the complaint at the time?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

How have you been affected?

---

---

---

---

---

---

---

---

---

---

What outcome are you seeking from the respondent? (Optional)

---

---

---

---

---

---

---

---

---

---

**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](mailto:complaintsadb@justice.nsw.gov.au)

## Part D: Authority to Act

### **The complainant must agree to you complaining for them**

Name of complainant: \_\_\_\_\_

I \_\_\_\_\_ (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.

I 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.