# Complaint information

**If you have difficulty putting your complaint in writing, please call our enquiries line on 1300 130 670 for assistance.**

## What complaints we deal with

The Queensland Human Rights Commission helps to resolve complaints about:

* discrimination;
* sexual harassment;
* vilification;
* breaches of human rights by public entities; and
* reprisals for making a public interest disclosure.

Not every complaint is covered by the law, so we need detailed information from you to see if it is something we can assist you with. If you are not sure, you can call us on 1300 130 670 to talk it through before making a complaint.

## Important considerations

The Queensland Human Rights Commission:

* provides a free dispute resolution service to help all parties resolve the complaint if it is accepted;
* is impartial and staff will not advocate on your behalf or decide what outcomes you receive. Any outcomes from the process will depend on what you are seeking and what the respondents may agree to;
* cannot provide legal advice to you. Free legal advice may be available from one of the community legal centres listed on our website at [www.qhrc.qld.gov.au/complaints/making-a-complaint](http://www.qhrc.qld.gov.au/complaints/making-a-complaint); and

is not a tribunal or a court, so we cannot decide if discrimination or a human rights breach has happened.

## How to lodge a complaint

* Fill in this form and post or email it to us; or
* Make an online complaint at <https://www.qhrc.qld.gov.au/complaints>; or
* Send us a letter or email explaining who you are complaining about and what happened.

## What information we need from you

To help you with your complaint we need to:

* be able to keep in contact with you by phone, mail or email;
* know who you are complaining about and how we can contact them;
* know the details of what happened to you and approximately when it happened; and

know if you have complained or started legal proceedings about this before.

## Information privacy

We use the information in your complaint to decide whether we can assist you. If we accept your complaint we will send your complaint (and any attachments) to the people you are complaining about. If the complaint is not resolved, we may, if you request, refer your complaint to a tribunal.

We may also use the information, excluding your name and identifying details for:

* statistics and research;
* service improvement; and
* recommendations for changes to laws, policies and procedures.

All personal information will be used and stored in accordance with the *Information Privacy Act 2009*. By sending us your complaint you consent to us using your information for these purposes.

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# Complaint form

## Part A: Your details (the complainant)

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| --- | --- |
| **Complainant** | |
| First or given name/s: |  |
| Family name: |  |
| Preferred name: *(if not as above*) |  |
| Pronouns:  (optional e.g. he/him, she/her, they/them) |  |
| Agents, advocates and legal representatives *(if applicable)* | |
| Are you making this complaint for the above complainant?  If **yes**, please provide your name and relationship to the complainant. (e.g. parent, advocate, friend, legal representative) | Yes  No  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Can the complainant make this complaint for themselves?  If **no**, why not? (e.g. child, disability, low English literacy) | Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact details | |
| Name: (if other than complainant) |  |
| Address for service  This is the address where all correspondence will be sent to you. It can be a mail or email address.  This address will be provided to the respondents. |  |
| Telephone number  If there is a phone number that we can contact you on during business hours, please provide. |  |
| Assistance to make this complaint | |
| Do you need an interpreter?  If yes, what language? | Yes  No |
| Do you need any other assistance? (e.g. assisted communication or access)  If **yes**, what assistance do you need? | Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Part B: Who are you complaining about (the respondent/s)?

\*\*\*If you are complaining about an organisation you worked for, please attach a payslip/group certificate or any letter/document from them that shows their full name and ABN.\*\*\*

|  |  |
| --- | --- |
| **Organisation you are complaining about** | **Organisation details** |
| Organisation’s name |  |
| Organisation’s address |  |
| Organisation’s phone or email contact *(if known)* |  |
| Organisation’s ABN/ACN |  |
| **1st person you are complaining about** | **1st person’s details** |
| Person’s name |  |
| Person’s address |  |
|  |  |
| Person’s phone or email contact *(if known)* | Phone:  Email: |
| Were they at work when this happened?  If **yes**, what is their job title or position? | Yes  No |
| Name and address of the company or organisation where the person works |  |
| **2nd person you are complaining about** | **2nd person’s details** |
| Person’s name |  |
| Person’s address |  |
|  |  |
| Person’s phone or email contact *(if known)* | Phone:  Email: |
| Were they at work when this happened?  If **yes**, what is their job title or position? | Yes  No |
| Name and address of the company or organisation where the person works |  |
| **3rd person you are complaining about** | **3rd person’s details** |
| Person’s name |  |
| Person’s address |  |
|  |  |
| Person’s phone or email contact *(if known)* | Phone:  Email: |
| Were they at work when this happened?  If **yes**, what is their job title or position? | Yes  No |
| Name and address of the company or organisation where the person works |  |

## Part C: Type of complaint

What type of treatment are you complaining about?

**(Only check the boxes that apply to the treatment you are complaining about)**

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| --- | --- |
| **Type of complaint** | **Basis of complaint** |
| **Discrimination**  Please provide further information in the allocated space here if you tick any of these boxes.  We need this information so we can decide whether your complaint is covered by the *Anti-Discrimination Act 1991*. | You were treated unfairly because of your actual or presumed:  Race  *(e.g. colour, descent or ancestry, ethnicity or ethnic origin, nationality or national origin)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Sex  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sexuality   *(e.g. being homosexual, bisexual or heterosexual*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Gender identity  *(e.g. being transgender or intersex) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Lawful sexual activity as a sex worker  Relationship status  *(e.g. being single, married, separated, widowed, civil partner, defacto or divorced)* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Pregnancy  Breastfeeding   *Were you breastfeeding or expressing milk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Parental status   *(e.g. being a stepparent, adoptive parent, foster parent or guardian)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Family responsibilities   *(e.g. caring for dependent children or members of your immediate family) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Age   *What is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Impairment  (*e.g. includes having a sensory, intellectual, learning or mobility impairment; being an amputee; having a disfigurement; or having an illness, disease or condition, even if you no longer have it)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Religious belief or activity   *(e.g. religious belief, non-belief, activity or non-activity)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Political belief or activity   *What is your political belief or activity involving government? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Trade union activity   *(e.g. being a union member or joining a union)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  An association with someone who has any of the above attributes   *Who and what attribute listed above do they have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Residence in a town near a mine or large resource project when trying to get work at that mine or project *What mine are you complaining about?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Request for unnecessary information** | You were -  asked questions or asked to supply information which may lead to discrimination against you |
| **Discriminatory advertising** | You were -  affected by an advertisement which indicated you may be discriminated against |
| **Sexual harassment** | You were subjected to unwelcome:  sexual comments or jokes  requests for sex or sexual favours  touching in a sexual way  other sexual conduct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Victimisation** | You were treated unfairly or threatened because you or an associate:  refused to discriminate, sexually harass or publicly vilify someone  complained about discrimination, sexual harassment or public vilification  are, will be, or have been involved in proceedings about discrimination, sexual harassment or public vilification |
| **Public vilification** | You were publicly vilified (that is, someone publicly encouraged hatred, serious contempt or severe ridicule of you), because of your:  race  religion  sexuality  gender identity  Did this happen in a public place? If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tell us what words or actions were said and done in Part E. |
| **Public Interest Disclosure reprisal** | **As a public officer/public servant**, you were treated unfairly because you disclosed or intended to disclose information to a proper authority about:  corrupt conduct  maladministration that affects a person’s substantial and specific interests  a substantial misuse of resources  a substantial and specific danger to public health or safety  a substantial and specific danger to the environment  **As a person,** you were treated unfairly because you disclosed or intended to disclose information to a proper authority about:  a substantial and specific danger to the health or safety of a person with a disability  the commission of an offence, or breach of a condition imposed, under legislation which is or could result in a substantial and specific danger to the environment  conduct that could be a reprisal for disclosing one of the above |
| **Breach of human rights under the Human Rights Act 2019**  **Only applies to actions or decisions made by or on behalf of Qld government or an NDIS service provider ON OR AFTER 1 January 2020** | A public entity *(eg: a Qld government department, local government, public school or hospital, police, or non-government agency which provides public services for the government)* breached your human rights.  The following rights are protected:   * Recognition and equality before the law * Right to fair hearing * Rights in criminal proceedings * Right of children to protection in the criminal process * Right not to be tried or punished more than once * Right to protection from retrospective criminal laws * Right to humane treatment when deprived of liberty * Right to protection from torture or cruel, inhumane or degrading treatment * Right to liberty and security of person * Cultural rights - generally * Cultural rights for Aboriginal peoples and Torres Strait Islander peoples * Freedom from forced work * Freedom of movement * Right to peaceful assembly and freedom of association * Right to take part in public life * Freedom of thought, conscience, religion and belief * Freedom of expression * Right to privacy and reputation * Property rights * Right to protection of families and children * Right to education * Right to health services * Right to life   Have you made an internal complaint and waited 45 business days (9 weeks) for a response from the public entity?  ☐ Yes  ☐ No |
| Human rights breaches can be considered through the *Anti-Discrimination Act 1991* complaint process, including if the complaint is not resolved by conciliation and you request referral to the tribunal. Further information can be found at the QHRC website and in the following factsheets:  [www.qhrc.qld.gov.au/\_\_data/assets/pdf\_file/0010/19819/QHRC\_factsheet\_Complaints\_MakingAComplaint.pdf](http://www.qhrc.qld.gov.au/__data/assets/pdf_file/0010/19819/QHRC_factsheet_Complaints_MakingAComplaint.pdf)  [www.qhrc.qld.gov.au/\_\_data/assets/pdf\_file/0008/27836/QHRC\_factsheet\_Complaints\_DifferenceBetweenADAnadHRA.pdf](http://www.qhrc.qld.gov.au/__data/assets/pdf_file/0008/27836/QHRC_factsheet_Complaints_DifferenceBetweenADAnadHRA.pdf) | |

## Part D: When did it happen?

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| Did any of the event complained about happen within the last 12 months? |
| Yes  No \*If yes, dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(\*compulsory)** |
| Did any of the events complained about happen more than 12 months ago? |
| Yes  No **\***If yes, dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(\*compulsory)** |

## Part E: Details of your complaint

**Please tell us about your complaint from beginning to end.**

* Who are you complaining about?
* What was their job?
* What did they say or do?
* What were you doing when it happened?
* When did this happen?
* Why do you think you were treated this way?

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| *Please insert the details of your complaint:*   * No more than 20 pages including attachments. * No zip files or drop boxes. * We don’t follow links. * If we need more information, we will ask you. |

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| **What loss, harm or hurt (personal and/or financial) have you experienced because of what happened to you?** |
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Part F: Outcomes

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| What kind of outcome would you like to resolve your complaint?  ***Important note:*** *Information in this section is provided to assist the potential resolution of the complaint. It does not limit other possible outcomes. A complainant is not constrained to the information provided. You may wish to seek legal advice about possible outcomes.*  Please insert details:  Apology  Training  Amendments to policies/procedures  Financial compensation  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Part G: Previous complaints or legal proceedings

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| --- |
| Have you already complained somewhere else **about the same events** included in this complaint?  ☐ Yes ☐ No  *Tick all the organisations you have complained to* ***about the same events*** *included this complaint* |
| To the public entity you are complaining about Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(e.g.: Qld government department, local government, public school/hospital, police etc.)*  To the company or organisation that you are complaining about Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Australian Human Rights Commission Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Queensland Ombudsman Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Crime and Corruption Commission Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Health Ombudsman Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Information Commissioner Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Fair Work Commission Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Queensland Industrial Relations Commission Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ NDIS Quality and Complaints Commission Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ General Manager of a prison Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Official Visitor to a prison Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Other organisation – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you started legal proceedings **about the same events included** in this complaint?  *(e.g.: have you already filed an application, claim or started some other process in a court or tribunal?)* |
| ☐ Yes Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(e.g.: Federal Court, Magistrates Court, Supreme Court)*  ☐ No |
| What was the outcome of your previous complaint or legal proceedings? |
| *Tick all the outcomes that apply to your previous complaint or legal proceedings.*  I have not heard back yet.  I was advised they could not deal with my complaint.  I have withdrawn my complaint.  I have not got a final outcome yet.  I have attended mediation/conciliation.  I was not satisfied with the outcome.  I have received money as compensation for what happened.  Other |

## Checklist

Have you read, understood and kept a copy of the complaint information page?

Have you completed all questions in Part A to G of this complaint form?

If you worked for any company or organisation named in Part B, have you attached a payslip/group certificate from them?

## Where to send this complaint

You can send your complaint (with your attachments) to the Queensland Human Rights Commission by email, fax or mail to the nearest office below.

| **Email** [enquiries@qhrc.qld.gov.au](mailto:enquiries@qhrc.qld.gov.au) |
| --- |
| **South Queensland** QHRC  City East Post Shop  PO Box 15565  City East Q 4002  **Tel:** 1300 130 670 |
| **Central Queensland** QHRC  PO Box 1390  Rockhampton Q 4700  **Tel:** 1300 130 670 or  4933 5104 |
| **North Queensland** QHRC PO Box 1566 Townsville Q 4810  **Tel:** 1300 130 670 or  4421 4000 |
| **Far North Queensland** QHRC  PO Box 4699  Cairns Q 4870  **Tel:** 1300 130 670 or  4037 2100 |
| **National Relay Service:** For more information about accessing the National Relay Service visit [**https://nrscaptions.nrscall.gov.au/nrs/captionrelay**](https://nrscaptions.nrscall.gov.au/nrs/captionrelay) |

## Statistical information about you

\*\*\*Providing this information is optional\*\*\*

It would help us with enhancing our services if we could gain a little more information about our clients. Any information you provide in this section is optional and will only be used to improve our services and for research purposes and will be de-identified for use in statistical collections. This information will not form part of your complaint and will not be shared with other parties.

|  |  |  |
| --- | --- | --- |
| **Statistical question** | **Your answer** | |
| What is your gender? | Female  Male  Non-binary  Other *(Specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Age group | Under 15 years  20 - 24 years  35 - 44 years  55 - 64 years | 15 - 19 years  25 - 34 years  45 - 54 years  Over 65 years |
| Aboriginal and Torres Strait Islander Status | Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander | |
| Country of birth |  | |
| Primary language spoken at home | English  Mandarin  Spanish  Arabic  Other *(Specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Postcode of your primary residence |  | |