

# Complaint form

Complete our complaint form and post your complaint directly to the Victorian Equal Opportunity and Human Rights Commission.

You should include your name, address and, if possible, a phone number so we can contact you. We cannot accept your complaint unless you include your name and address. If you have any queries or need help filling in this form please contact our Enquiry Line on 1300 292 153.

## About you

The complainant

*Please note, the information provided on this page is for the Commission's use only. Information containing your personal/contact details will not be provided to the respondent.*

Name: Mr/Mrs/Miss/Ms/Mx:.....

Address: .....

..... Post code: .....

Contact numbers: Home: ..... Business: ..... Fax: .....

Mobile: ..... TTY: ..... Email: .....

Do you need to communicate with us electronically?

No

Yes

Please advise why:.....

**Complete this information only if you are making the complaint on behalf of someone else**

Name of that person: .....

What is your relationship to that person?.....

**Complete this information only if you have a solicitor/advocate representing you**

Name of representative: .....

Organisation: .....

Postal address: .....

Contact numbers: Home: ..... Business: ..... Fax: .....

Mobile: ..... TTY: ..... Email: .....

**How did you hear about the Commission?**

*Please note, the information provided on this page is for the Commission's use only. Information containing your personal/contact details will not be provided to the respondent.*

- VEOHRC website
- VEOHRC publication
- VEOHRC training session       Other training session
- Internet search (e.g. Google)
- Fair Work Commission / Fair Work Ombudsman
- Newspaper
- Radio
- Television
- Social media (e.g. Facebook)
- Referral from another organisation (please specify) .....
- Word of mouth

# Part 1 – The complaint

Name of person making this complaint: .....

I am making this complaint:

- On my own behalf only
- On my own behalf and on behalf of the person/people/group named below
- On behalf of the person/people/group named below

**Complete the following information if you are complaining on behalf of someone else**

Name of person/people: .....

What is your relationship to the person/people? .....

# Part 2 – About the respondent(s)

The person(s) or organisation(s) you are complaining about

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**a)** Name/organisation:.....

Address:.....

.....Post code:.....

Contact numbers: Home: ..... Business: ..... Fax: .....

Mobile: ..... TTY: ..... Email: .....

What is the respondent's relationship to you? e.g. employer, landlord, education provider, provides goods or services to you?

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**b)** Name/organisation:.....

Address:.....

.....Post code:.....

Contact numbers: Home: ..... Business: ..... Fax: .....

Mobile: ..... TTY: ..... Email: .....

What is the respondent's relationship to you? e.g. employer, landlord, education provider, provides goods or services to you?

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**If you are complaining about more than two people or organisations, please provide this additional information on an extra page.**

## Part 3 – About the complaint

Why are you complaining to the Commission?

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Do you believe you have been discriminated against because of your:

- age
- breastfeeding
- employment activity (*making reasonable requests or communicating concerns about employment entitlements or workers' rights*)
- gender identity (*people of one sex identifying as a member of another sex*)
- disability (*including physical, sensory and intellectual disability, work related injury, medical conditions, mental, psychological and learning difficulties, uses a guide dog for mobility*)
- industrial activity (*where an employee participates in and/or is a member of an industrial organisation or association, or their refusal to participate in or join such an organisation*)
- lawful sexual activity
- marital status
- parental status or carer status (*including family responsibilities*)
- physical features
- political belief or activity
- pregnancy
- race (*including colour, nationality, ethnicity and ethnic origin*), racial vilification
- religious belief or activity, religious vilification
- sex
- sexual orientation
- expunged homosexual conviction
- personal association with someone who has, or is assumed to have, one of these personal characteristics.
- I have been discriminated against for another reason.

Please state the reason:

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- I have been sexually harassed
- I have been victimised (*Under the Equal Opportunity Act, victimisation means punishing or threatening to punish someone because they have asserted their rights under equal opportunity law, made a complaint, helped someone else to make a complaint, or refused to do something because it would be discrimination, sexual harassment or victimisation.*)



**Part 4 – How has this affected you?**

What loss or harm have you experienced because of what happened to you?

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**Part 5 – Results**

What kind of outcome do you want to resolve your dispute?

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**Part 6 – Other ways you have tried to resolve the dispute**

Have you made your complaint to another agency, e.g. Australian Human Rights Commission, Fair Work Australia?

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Yes

No

**If Yes, what was the outcome of your complaint?**

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## Part 7 – Documentation

Do you intend to attach additional documents to your complaint?

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Documents could include medical certificates, termination notices, references, copies of advertisements, or relevant photos. If you have electronic documents or photos that will help our inquiry you should send them to [complaints@veohrc.vic.gov.au](mailto:complaints@veohrc.vic.gov.au) after you complete this form.

Yes

No

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**By filling in this form, I consent to enter into dispute resolution**

**Signature:** .....

**Date:** .....

**Please send your completed complaint form and written statement to us by post, fax, or email:**

Post: Level 3, 204 Lygon Street,  
CARLTON VIC 3053

Email: [complaints@veohrc.vic.gov.au](mailto:complaints@veohrc.vic.gov.au)

Fax: 1300 891 858

*If you would like to make an appointment, need further information, or need these documents in another language or format, please contact the Enquiry Line on 1300 292 153.*

*If you require an interpreter, please call 1300 152 494.*