

Please ensure you make a reasonable attempt to resolve this matter directly with your employer, where relevant, prior to lodging this complaint.

Please note: * Indicates mandatory questions. These questions are critical and must be answered for your complaint to be processed.

Complete this form if

- ▲ You want to authorise the Fair Work Ombudsman to investigate your complaint.

How to complete this form

- ▲ Use a pen and print clearly.
- ▲ Attach photocopies of any supporting papers, such as payslips, timesheets, application forms, job advertisements, PAYG payment summaries, employment contract, diary records, doctor's certificates, letters etc. **DO NOT SEND ORIGINALS.**
- ▲ To avoid delays in having your complaint registered and investigated, please provide as much detail as possible.

1. Your Details

1.1 Title* Mr Mrs Ms Miss Dr Other (please specify)

1.2 Surname/family name*

1.3 First name*

1.4 Date of birth* (dd/mm/yyyy)

1.5 Postal address*

Suburb

State Postcode Country

1.6 Daytime contact number* (please advise the preferred time between 8:30am and 5:30pm that we can call you)

1.7 Mobile number

1.8 Email address

1.9 Do you need an interpreter? Yes No

In which language? For interpreter services, please call 131 450

- 2.11 Workplace fax number
- 2.12 Workplace email address
- 2.13 Number of employees
- 2.14 Is the business still trading? Yes No

3. Your discrimination complaint

3.1 Are you complaining because you believe you have been discriminated against due to any of the following?
Please select any of the options listed*

- Race Colour National extraction

Please provide details

- Sex Sexual orientation Age Disability

Please provide details

- Marital status Family or carer's responsibilities

Please provide details of the relative/s you care for and/or support

- Pregnancy Religion Political opinion Social origin

Please provide details

3.2 Are you lodging this complaint on behalf of someone else?* Yes No

(e.g. your child, a group to which you belong, someone with a disability, language or literacy difficulties)

If yes, please provide the full name of everyone you are representing

What is your relationship to that person/group?

Would it be difficult for them to make the complaint for themselves?* Yes No

If yes, why?

3.3 When did the incident/s happen? Give the exact date if you can.*

It began on (dd/mm/yyyy)

It finished on (dd/mm/yyyy)

Is it still going on? Yes No

Please note the Fair Work Ombudsman can only investigate discrimination matters that occurred on or after 1 July 2009.

3.5 What outcome are you seeking from an investigation by a Fair Work Inspector?*

4. Your job and pay details

4.1 The date you started working for this employer (dd/mm/yyyy)*

4.2 Your job title

4.3 Your job duties/role*

4.4 Name of your award/agreement/other industrial instrument (if known)

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4.5 Have you signed or are you covered by any of the following?
 AWA Collective agreement ITEA Employment contract

4.6 Are/were you employed as? Full-time Part-time Casual

4.7 Are/were you employed under any of the following categories?
 Contractor¹ Apprentice Trainee Shift worker Pieceworker

¹ Please Note: The Fair Work Ombudsman is not able to enforce payments owing to genuine contractors. Please contact the Fair Work Infoline on **13 13 94** before filling out this complaint form if you think you fit into this category.

4.8 Does/did your employer keep records of your hours worked? Yes No Don't know
If yes, which type of records? Timesheet Clock card Other

4.9 If full-time, what is/was your weekly rate of pay before tax? \$

4.10 If casual or part-time, what is/was your hourly rate of pay before tax? \$

4.11 Do/did you receive additional payments? Yes No

If yes, which type? Commission Incentive payments Bonus payments Other

4.12 Do/did you agree to any deductions from your pay apart from tax? Yes No

If yes, please give details

4.13 How often are/were you paid? Weekly Fortnightly Monthly

Other (give details)

4.14 How are/were you paid? Cash Bank deposit Cheque

4.15 On average, how many hours do/did you usually work each week?

4.16 Do/did you work regular hours? Yes No

If yes, please complete your usual hours below

Standard/usual hours (based on a typical week in 24 hour format)

DAYS	START TIME	START MEAL BREAK	END MEAL BREAK	FINISH TIME	DAILY HOURS WORKED (excluding meal breaks)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				TOTAL	

4.17 Are you still working for this employer?* Yes – please go to Section 5
 No – please complete the employment details below before going to the next section

The following questions concern the ending of your employment

4.18 Who ended your employment? You Your employer

4.19 Was notice of termination given by you or your employer? Yes No

If yes, what was the date that notice was given? (dd/mm/yyyy)

4.20 Did you receive any payment instead of notice? Yes No

If yes, how much? \$

4.21 What date did you finish working for this employer? (dd/mm/yyyy)*

4.22 If your employer ended the employment, what reason was given for ending your employment?

5. Important information relating to your complaint

5.1 Have you attempted to resolve this matter with your employer? Yes No

If yes, please give details

5.2 Have you taken legal action against the employer about this or any other matter? Yes No

If yes, please specify (e.g. unfair dismissal, civil action, costs action)

5.3 Is this matter being handled by another agency or your union? Yes No

If yes, you must provide details of the complaint, the agency or union it was made to (e.g. Australian Human Rights Commission, Fair Work Australia), and any outcome. You should also attach copies of any letters you have received from the agency or union. Please give details

5.4 Are there any criminal charges related to your employment? Yes No

If yes, who are the charges against?

You Your employer

5.5 Do you have any property of the employer (e.g. uniform, tools)? Yes No

If yes, please provide details

5.6 During your employment, did you receive 'cash in hand' payments from this employer? Yes No

Supporting documents

Examples include time sheets, payslips, PAYG payment summaries, employment contract, AWA, diary records, doctor's certificates, letters, etc.

Do you have any supporting document(s) you would like to include with this complaint? Yes No

If yes, please attach the documents with this complaint.

REMEMBER....

- ▲ to sign and date the form on the following page
- ▲ to include the supporting documents you have
- ▲ to keep a copy of the form and any additional material for your records
- ▲ if posting your complaint, please post to:

Office of the Fair Work Ombudsman
GPO Box 2567
ADELAIDE SA 5001

All enquiries: 13 13 94

6. Confidentiality*

- I consent to the Fair Work Ombudsman contacting and disclosing to the employer (or any other relevant person) information in this complaint form, including my identity, for the purpose of investigating my complaint.
- I do not consent to the Fair Work Ombudsman disclosing to the employer (or any other relevant person) my identity, or any information in this complaint form that may identify me, for the purpose of investigating my complaint. In withholding my consent, I acknowledge that confidential complaints can be more difficult and take longer for the Fair Work Ombudsman to investigate and, in some cases, may not be investigated at all.

Please give reason/s for confidentiality in the space below

Please note: If you are no longer working for the employer or if, to assess your complaint, we need to ask the employer specific questions about you, we may not be able to investigate your complaint confidentially. In these circumstances, you will be notified. Please contact the Fair Work Infoline on **13 13 94** if you would like to discuss your circumstances.

7. Your privacy

The Fair Work Ombudsman manages personal information in accordance with the *Privacy Act 1988*. Information in your complaint form will be used for the purpose of determining and, where applicable, recovering your entitlements.

8 Sign and date this form*

1. I certify that the details I have provided are correct to the best of my knowledge.
2. I understand that it is an offence to give false or misleading information.
3. I also authorise the Fair Work Ombudsman to refer my complaint, or aspects of my complaint, to other relevant government agencies, including State/Territory agencies, where issues fall within their area(s) of responsibility.
4. I consent to the information provided in my complaint form being used for statistical research, monitoring, and evaluation that may be carried out by the Fair Work Ombudsman, Fair Work Australia, Department of Education, Employment and Workplace Relations or contracted commercial researchers.
5. I understand that before my complaint is accepted you may need to talk to me by telephone.

Your signature

Date

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NOTE: It may affect our ability to investigate your complaint if you have not provided us with accurate or complete information. The mandatory fields in this form help us to conduct our investigation. This application cannot be lodged until all mandatory fields have been completed. If you are unable to complete any of the mandatory fields please call **13 13 94** for assistance.