

Complaint / Enquiry Form

If you would like to talk about filling out this form, or you need more information, please contact the Commission on 9216 3900, 1800 198 149 (country landline callers only) or TTY (telephone typewriter) 9216 3936.

Completion of this form is not required for us to consider your matter. An alternative to the form is a letter or email that includes the information asked for in the form.



An Interpreter can be arranged on request.

This form, letters or emails can be lodged in a language other than English.

If you have a disability that makes it difficult to fill out the form or provide written information, the Commission may assist you.

Send this form by post or hand to:

The Equal Opportunity Commission
Level 2
141 St Georges Terrace
PERTH WA 6000

By Email: eoc@eoc.wa.gov.au

By Fax: 9216 3960

Or submit online at www.eoc.wa.gov.au

The form will initially be treated as an enquiry while the Commission examines whether the matter you have raised can be treated as a complaint under the legislation administered by the Commission and whether the Commission is the most appropriate agency to deal with the matter.

About You

Your Name:

Your Address:.....

..... Postcode:.....

Telephone Home:..... Work:

Mobile:..... email:.....

Fax:..... TTY:.....

Who do you think has discriminated against you? (for example, your employer, a business or office providing goods or services, the person or organisation providing your accommodation, a school, TAFE or club)

1. Name of person/s involved:.....

Business/Organisation name:.....

Their address:.....

.....

Postcode: Telephone:

What is their relationship to you?

2. Name of person/s involved:.....

Business/Organisation name:.....

Their address:.....

.....

Postcode: Telephone:

What is their relationship to you?

What type of discrimination do you think you have experienced? Please tick the box that applies.

- Age
- Race
- Breastfeeding
- Racial harassment
- Family responsibility
- Religious conviction
- Family status
- Sex
- Impairment or disability
- Sexual harassment
- Marital status
- Sexual orientation
- Pregnancy
- Political conviction
- Gender history (*must have a Gender Recognition Certificate*)
- Publication of personal details on Fines Enforcement register website
- Victimisation (*for complaining about discrimination*)
- Victimisation (*for making a public interest disclosure under the Public Interest Disclosure Act 2003*)
- Spent conviction (*Spent Conviction Act 1988*)
- Other – Please explain

Where did it happen? Please tick the box that applies.

- Employment/work
- Obtaining goods or services (eg state government department, shop)
- Education – School, TAFE, University, College
- Accommodation
- Access to places and vehicles
- Membership of club
- Sport
- Application forms
- Other – Please explain

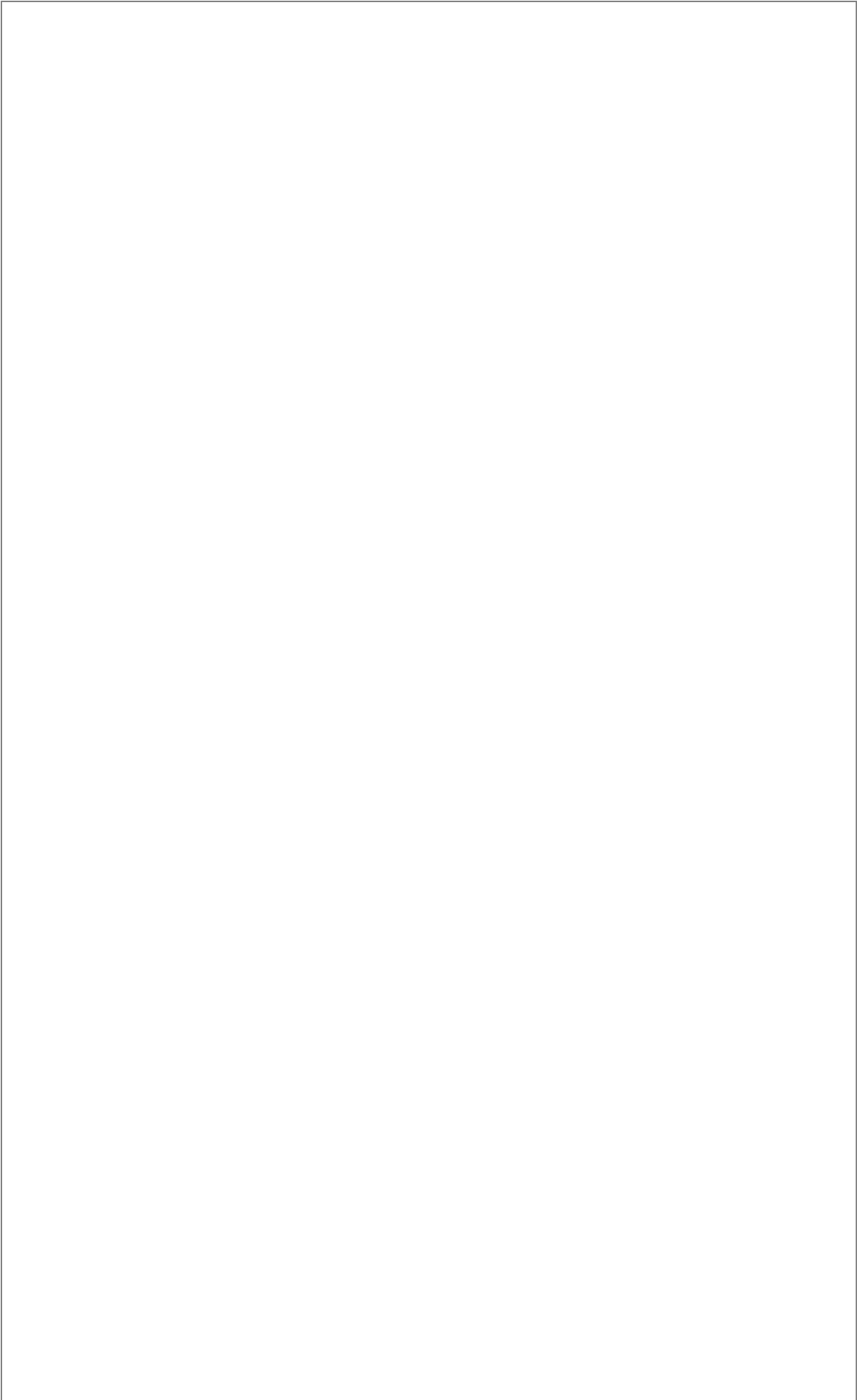
When did it happen?

What happened to you?

We need to know:

- what happened?
- where it happened?
- who did it and who was involved?
- why you think it was discrimination?

Please give us all the dates and other details you can remember. If you need more space please attach your own extra pages.



Witnesses Are there other people who can help with the investigation?

Yes No

Documents Please attach copies of any documents that may help us with our investigation, such as doctor's certificates, records of conversations, letters or advertisements.

How has this affected you? What loss or harm have you experienced because of what has happened?

Resolving the matter What would you like to happen as a result of lodging this form?

Is there anyone who is helping you with this matter? (for example, a community worker, a union, a lawyer or a friend)

What is their name?.....

What is their role/job?.....

Their address:

Postcode: Telephone:

Survey

Purpose of the Survey

By answering the following short questions, you will help the Commission evaluate its services and make changes or modifications to make them better.

Confidentiality

You will not be identified in any data collected or published by the Commission.

1. What is your gender?

(Tick one only)

Male

Female

X *(Indeterminate/intersex/unspecified)*

4. What is the main language

spoken at home? *(Tick one only)*

English

Other *(Please specify)*

.....

2. In which country were you

born? *(Tick one only)*

Australia

Overseas

(Please specify)

.....

5. Do you consider yourself to

have an ethnic background?

(Tick one only)

No

Yes *(Please specify)*

.....

3. Are you of Aboriginal or Torres Strait Islander origin?

(Tick one only)

No

Yes – Aboriginal

Yes – Torres Strait Islander

6. Do you have an impairment

that results in a permanent

disability? *(Tick one only)*

Yes

No

7. To which of the following age group do you belong?

- 0 - 12
- 13 - 17
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75+

Any comments you would like to make.

8. Which of the following best describes you currently?

(Tick one only)

- Looking for work
- Student
- Retired
- Pensioner
- Homemaker
- In paid employment

(Please describe occupation)

.....

.....

Signed

.....

Date