



Complaint form

To make a complaint, please fill out this form or put your complaint in writing. There is a checklist below to help you.

If you need help filling out this form, need the assistance of an interpreter, or have other special needs, please let us know.

PLEASE NOTE: If we accept or decline your complaint, we will send copies of your complaint, and other attachments forming part of your complaint, to those who you are complaining about. We will not send your personal contact details to those who you are complaining about.

Checklist for lodging a complaint

If you decide to lodge a complaint you need to:

- Provide your complaint in writing - this can be in your preferred language
- Sign and date your complaint or check the box underneath the 'Summary of your complaint' if sending it electronically
- Explain what has happened and why you think it is discrimination
- Refer to a ground of discrimination and an area of activity (*see below) in your complaint
- Include details about the organisation that you believe has discriminated against you
- Attach copies of any relevant documentation. You can provide up to five pages, if we need more information we will ask you for it.
- Send your complaint to us within 12 months of the last act of discrimination (see # below)

***Grounds** of discrimination are race, age, disability/illness, sex, gender identity, sexual orientation, marital status or domestic partnership, identity of spouse/partner, pregnancy, caring responsibilities, association with a child, breast feeding, religious dress, sexual harassment, victimisation.

***Areas** of activity are in workplaces, educational institutions, accommodation, goods or services, membership of clubs, conferral of qualifications, and disposal/sale of land.

#Time limit: You can complain within 12 months of the event happening. If there was a series of events of discrimination, the 12 months runs from the last event. Late complaints can sometimes be accepted. Please contact us to discuss this before lodging your complaint.

Privacy:

Equal Opportunity SA treats all complaints confidentially and sensitively. The information you provide in this complaint will not be disclosed unless Equal Opportunity SA is required to do so by law, or if the information relates to suspected corruption, misconduct, or maladministration in public administration.



Part A – Complainant details

Title

First name

Second name

Family name

Address

City / Town / Suburb

State/Territory

Postcode

Email

Mobile

Phone (AH)

Phone (BH)

Fax

TTY

Does anyone involved in this complaint process need assistance to participate in the complaint process, please specify what assistance is required i.e. Interpreter, disability equipment (wheelchair, sight or hearing)

Preferred method of correspondence

- Email
 Letter



If you are complaining on behalf of someone else, please provide details about this person.

Title	First name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

What is their relationship to you?

If someone is assisting you with the complaint, for example a legal representative, advocate or union representative, please provide the following details about this person.

Title	First name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position

Organisation

Address

Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	TTY
<input type="text"/>	<input type="text"/>

Phone (BH)	Mobile	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please send correspondence to this person

Please send correspondence to me



Part B – Organisation or individual you are complaining about

Respondent 1

Organisation Individual *(please tick one)*

Name of organisation or individual

Contact person's name (for organisations only)

Position (of individual or contact person)

Address

Suburb

State/Territory

Postcode

Email

Phone (BH)

Mobile

Fax

What is their relationship to you?

Respondent 2

Organisation Individual *(please tick one)*

Name of organisation or individual

Contact person's name (for organisations only)

Position (of individual or contact person)

Address

Suburb

State/Territory

Postcode

Email

Phone (BH)

Mobile

Fax

What is their relationship to you?



Part C - What is your complaint about?

When did the alleged event(s) happen?

Note: The Commissioner for Equal Opportunity can decide not to investigate a complaint where the complaint is lodged more than twelve months after the alleged event(s) happened. If the event(s) being complained about happened more than twelve months ago, please explain the reason(s) for the delay in making a complaint to the Equal Opportunity SA.

Reason(s) for delay

I think that I have been discriminated against because of my (check the boxes below):

- Age
- Association with a child (e.g. breastfeeding in public, not being served because of children)
- Caring responsibilities
- Disability/illness
- Domestic abuse (e.g. because you are, or have been, subject to domestic abuse)

NOTE: only for domestic abuse discrimination occurring on or after 1 September 2023.

- Gender identity
- Intersex status
- Marital or domestic partnership status
- Pregnancy
- Race
- Religious appearance or dress
- Sex
- Sexual orientation
- Identity of a spouse or domestic partner

Or I have been:

- Sexually harassed
- Victimised because I made a complaint
- Victimised for being a whistle-blower (making a public interest disclosure)
- Treated unfairly for another reason



Where did these things happen? (area of public activity)

- Employment (including voluntary, paid or unpaid work)
- Goods and services
- Accommodation (land, housing, business or residential premises)
- Education
- Granting of qualifications
- Clubs and associations
- Sale of land
- Advertising
- Other (please provide details)

Please tell us what happened, and why you think it is discrimination, sexual harassment or victimisation:

Signature

Date



What (if anything) have you done to try to resolve your complaint?

Have you talked to another organisation about this? If so, please write the name of the organisation and the person you contacted in the box below?

What effect (financial or personal) did the unfair treatment have on you?

What would you like to see happen that would resolve this complaint?

Have you lodged a complaint previously with the Equal Opportunity SA?

Yes No

Details



Statistical Information

Answering the following questions will help us to evaluate our services and better understand the discrimination that people are experiencing.

You will not be identified in any data that we publish.

Note: If you are filling out this form on behalf of another person, please enter **their** details.

Gender: Male Female Other

Age:
 0-9 10-19 20-29 30-39 40-49
 50-59 60-69 70-79 80+

Aboriginal or Torres Strait Islander:

Yes No

Country of Birth:

Is English your first language?

Yes No

If not, what is your first language?

If you require any assistance, please contact us:

Phone: (08) 7322 7070

Country callers: 1800 188 163

Email: Equal@sa.gov.au

Website: www.equalopportunity.sa.gov.au

Please sign this form and send to:

Equal Opportunity SA

GPO Box 464, Adelaide SA 5001

Or email as an attachment to Equal@sa.gov.au

Privacy statement:

Personal information provided to Equal Opportunity SA is protected by the Information Privacy Principles (IPPS) Instruction. Please see <http://www.archives.sa.gov.au/alias/privacy>