# 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.

## Part A – Complainant details

Title First name Second name

Family name

Address

City / Town / SuburbState/TerritoryPostcode

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

Address

SuburbState/TerritoryPostcode



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

Position

Organisation

Address

Suburb State/TerritoryPostcode

Email TTY

Phone (BH) Mobile Fax

Please send correspondence to this person Please send correspondence to me

## Part B – Organisation or person you are complaining about?

### Respondent 1

Name of person or organisation

Contact person’s name Contact person’s position

Address

Suburb State/TerritoryPostcode

Email

Phone (BH) Mobile Fax

What is their relationship to you?

### Respondent 2

Name of person or organisation

Contact person’s name Contact person’s position

Address

Suburb State/TerritoryPostcode

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

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:

*Your response, along with any additional information in support of this complaint, can be provided as separate attachments to this Complaint Form. Please provide your responses on typed A4 pages and ensure that you retain original supporting documents for your records.*

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?

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.

*Please specify*

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](mailto:Equal@sa.gov.au)

**Website**: [www.equalopportunity.sa.gov.au](http://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](mailto:Equal@sa.gov.au)

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