

Complaint Form

This form can be submitted online at www.eoc.wa.gov.au and
by email eoc@eoc.wa.gov.au

Or post to:

Equal Opportunity Commission
Albert Facey House
469 Wellington Street
PERTH WA 6000

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



An Interpreter can be arranged on request.

About You

Title: Name:

Address:

..... Postcode:

Telephone: Mobile:

Email:

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/boxes that apply

- ☐ Age
- ☐ Breastfeeding
- ☐ Family responsibility
- ☐ Family status
- ☐ Gender history
- ☐ Impairment or disability
- ☐ Marital status
- ☐ Political conviction
- ☐ Pregnancy
- ☐ Publication of personal details on Fines Enforcement register website
- ☐ Race
- ☐ Racial harassment
- ☐ Religious conviction
- ☐ Sex
- ☐ Sexual harassment
- ☐ Sexual orientation
- ☐ Spent conviction (*Spent Conviction Act 1988*) and
(*Historical Homosexual Convictions Expungement Act 2018*)
- ☐ Victimisation (for complaining about discrimination under the *Equal Opportunity Act 1984*)
- ☐ Victimisation (for making a public interest disclosure under the *Public Interest Disclosure Act 2003*)
- ☐ Other – Please explain

Where did it happen?

Please tick the box/boxes that apply

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

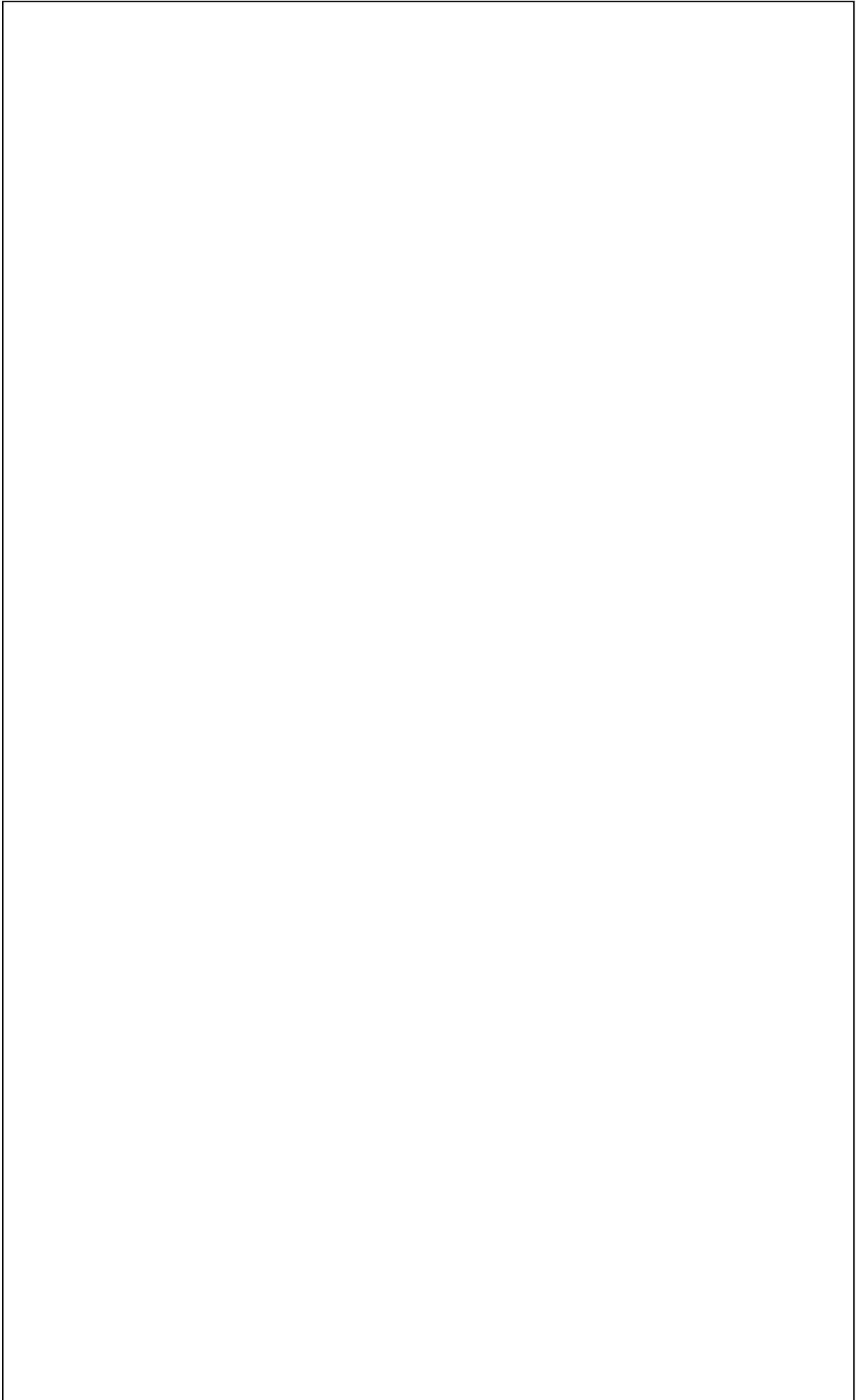
When did it happen?

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? (such as an advocate, a union representative or legal representative)

What is their name?

What is their role/job?

Their contact details:.....

.....

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)

Female ☐

Male ☐

Non-binary ☐

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 | <input type="checkbox"/> |
| 13 - 17 | <input type="checkbox"/> |
| 18 - 24 | <input type="checkbox"/> |
| 25 - 34 | <input type="checkbox"/> |
| 35 - 44 | <input type="checkbox"/> |
| 45 - 54 | <input type="checkbox"/> |
| 55 - 64 | <input type="checkbox"/> |
| 65 - 74 | <input type="checkbox"/> |
| 75+ | <input type="checkbox"/> |

Any comments you would like to make.

8. Which of the following best describes you currently?

(Tick one only)

- | | |
|--------------------|--------------------------|
| Looking for work | <input type="checkbox"/> |
| Student | <input type="checkbox"/> |
| Retired | <input type="checkbox"/> |
| Pensioner | <input type="checkbox"/> |
| Homemaker | <input type="checkbox"/> |
| In paid employment | <input type="checkbox"/> |

(Please describe occupation)

.....

.....
Signed

.....
Date