



NUMBER:

Form 73A – Notice of WHS Dispute

Version 2

NOTICE is hereby given under section 102B of the *Work Health and Safety Act 2011* to deal with a dispute.

BETWEEN

(name of party notifying dispute)

AND

(Name the other party/parties to this dispute)

Particulars of party making application to deal with the dispute:

Name			
Phone number		Fax number	
Mobile number			
Email address			
Name of Contact person			
Direct phone number of contact person		Mobile	
Email address of contact person			

Workplace where dispute exists:

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WHS matter subject of the dispute (must include sufficient detail):

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Is a decision made by an inspector to exercise, or not to exercise, compliance powers under part 10 to assist in resolving the dispute subject to review under part 12?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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Particulars of the other party/parties to the dispute:

Organisation			
Phone number		Fax number	
Email address			
Name of contact person			
Direct phone number of contact person		Mobile	
Direct email address of contact person			

Signature of person notifying the dispute

Signature	
Name	
Position/Capacity	
Date	