



NUMBER: AD/

Form 85 – Referral of a matter *Version 1*

This is a referral to the Queensland Industrial Relations Commission in accordance with section [s155(4)] [s164A] [s166] [s167] of the *Anti-Discrimination Act 1991*.

1. The Applicant

Name			
Company			ABN
Postal Address			
Suburb		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

Applicant's representative

Contact person			
Organisation			ABN
Postal address			
Suburb		Postcode	
Phone number		Fax number	
Email address			

2. The Respondent

Name			
Company			ABN
Postal Address			
Suburb		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

Respondent's representative

Contact person			
Organisation			ABN
Postal address			
Suburb		Postcode	
Phone number		Fax number	
Email address			

3. Checklist and signature

- 3.1 I have completed all questions on the referral form
 The complaint, related documents and special comments are set out in Schedule 1
 I am ready to proceed with this referral

3.2 Is an Interpreter required? Yes No

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If YES, please specify language

4. Signature

Signature	
Name	
Date	

SCHEDULE 1 – Details of matter referred to the tribunal

(including, where applicable, grounds of referral. Please attach all relevant documents and information)



Please add extra pages if required.