



Matter Number: / /
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# Form 85 – Referral of a matter

*Anti-Discrimination Act 1991*, section 155, 164, 166 and 167



This is a referral to the Queensland Industrial Relations Commission in accordance with section 155(4) s164A s166 s167 of the *Anti-Discrimination Act 1991*.

1. Complainant			
<b>Name:</b>			
<b>Company:</b>		<b>ABN:</b>	
<b>Name of contact person:</b>			
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

2. Complainant's representative			
<b>Contact person:</b>			
<b>Organisation:</b>		<b>ABN:</b>	
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

3. Respondent			
<b>Name:</b>			
<b>Company:</b>		<b>ABN:</b>	
<b>Name of contact person:</b>			
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

4. Respondent's representative			
<b>Contact person:</b>			
<b>Organisation:</b>		<b>ABN:</b>	
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

5. Checklist and signature	
<b>5.1</b>	<p>I have completed all questions on the referral form</p> <p>The complaint, related documents and special comments are set out in Schedule 1</p> <p>I am ready to proceed with this referral</p>
<b>5.2</b>	<p>Is an Interpreter required?    Yes    No</p> <p>If YES, please specify language</p>

6. Signature	
<b>Signature:</b>	
<b>Name in full (please print):</b>	
<b>Date:</b>	/ /

**Schedule 1 – Details of matter referred to the tribunal**

*(including, where applicable, grounds of referral. Please attach all relevant documents and information)*  
*3000 character limit.*