



NUMBER: AD/

Form 86 - Application for review of commissioner's decision

Version 2

Applicant: **(NAME OF APPLICANT IN MATTER)**

This is an Application to the Queensland Industrial Relations Commission, pursuant to section 169(3) of the *Anti-Discrimination Act 1991*

1. The Applicant:

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

Applicant's representative

Name of Person or Organisation			
Name of contact person			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

2. The Respondent

Name of Respondent			
Contact person			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

3. DECISION TO BE REVIEWED

- a) **Details of decision to be reviewed** (include case number if known)
(If you have a copy of the decision you must lodge it with this application)

- b) **When was the decision made?**

- c) **When did you receive the decision?**

4. DETAILS OF WHAT YOU SEEK FROM THE TRIBUNAL

The details of what I seek from the tribunal are:

5. **Rule 80D of the Industrial Relations (Tribunals) Rules 2011 states that the application must be accompanied by a written statement by the applicant of the reasons why the anti-discrimination commissioner's decision should be changed. Please insert this in Schedule 1.**

6. **Signature**

The information in this application is true to the best of my knowledge.

Signature	
Print Name	
Date	

SCHEDULE 1 -

Applicant's written statement of the reasons why the Anti-Discrimination Commissioner's decision should be changed