



QUEENSLAND INDUSTRIAL
RELATIONS COMMISSION

NUMBER: WC/

Form 9C - Respondent's Statement of Facts and Contentions

Version 1

Appellant: **(NAME OF APPELLANT IN MATTER)**

AND

Respondent: **WORKERS' COMPENSATION REGULATOR**

Facts

Contentions

Respondent's Statement of Facts and Contentions	Name:
Filed on Behalf of the Appellant	Address:
Form 9C	Phone No:
	Fax No:
	E-mail address:

Decision Sought

Signed: _____
(the person signing the Statement)

Description: *(of signatory eg Appeals Officer)*

Dated: *(insert date)*