



Form 85 – Referral of a matter

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Anti-Discrimination Act 1991, s 155, s 164, s 166 and s 167

Information

- This form is to be used by the Queensland Human Rights Commission to refer a matter to the Queensland Industrial Relations Commission.
- Please read this form carefully and complete all relevant sections.
- Documents which are longer than 30 pages in length must be provided to the Industrial Registry in hard copy.
- For further information on please contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Referral

This is a referral to the Queensland Industrial Relations Commission in accordance with the following section of the *Anti-Discrimination Act 1991*:

☐

s 155(4)

☐

s 164A

☐

s 166

☐

s 167

Has a direction prohibiting the disclosure of a person's identity (who has been involved in the proceeding) previously been issued by the Queensland Human Rights Commissioner, pursuant to s 145 of the *Anti-Discrimination Act 1991*:

☐

Yes

☐

No

If yes, please provide details:

1. Complainant

Name:**Postal/Service address:**

Suburb/Town

Postcode

Phone number:**Mobile number:****Email address:**

2. Complainant's representative [if applicable]

Organisation:**ABN:****Name of contact person:****Postal/Service address:**

Suburb/Town

Postcode

Phone number:**Mobile number:****Email address:**

3. First Respondent					
Name:					
Organisation:					
	ABN:				
Name of contact person:					
Postal/Service address:					
	Suburb/Town		Postcode		
Phone number:		Mobile number:			
Email address:					

4. First Respondent's representative [if applicable]					
Organisation:					
	ABN:				
Name of contact person:					
Postal/Service address:					
	Suburb/Town		Postcode		
Phone number:		Mobile number:			
Email address:					

5. Second Respondent [if applicable]					
Name:					
Organisation:					
	ABN:				
Name of contact person:					
Postal/Service address:					
	Suburb/Town		Postcode		
Phone number:		Mobile number:			
Email address:					

6. Second Respondent's representative [if applicable]					
Organisation:					
	ABN:				
Name of contact person:					
Postal/Service address:					
	Suburb/Town		Postcode		
Phone number:		Mobile number:			
Email address:					

7. Third Respondent [if applicable]			
Name:			
Organisation:			
	ABN:		
Name of contact person:			
Postal/Service address:			
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			

8. Third Respondent's representative [if applicable]			
Organisation:			
	ABN:		
Name of contact person:			
Postal/Service address:			
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			

If there are more than three Respondents, please attach addition pages with details.

9. Checklist	
9.1	<input type="checkbox"/> I have completed all questions on the referral form <input type="checkbox"/> The complaint, related documents and special comments are set out in Schedule 1. <input type="checkbox"/> I am ready to proceed with this referral
	9.2 Is an Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please specify language:

10. Signature	
Signature:	
Name:	
Position/Capacity:	
Date:	

Schedule 1 – Details of matter referred to the Queensland Industrial Relations Commission

Please include, where applicable, the grounds of the referral. Please attach all relevant documents and information.

Please attach a further schedule if more room required