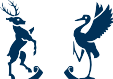
QUEIRC21614

**QUEENSLAND INDUSTRIAL RELATIONS COMMISSION**

Matter Number:

/

/



**Form 10 – Notice of industrial dispute**

*Industrial Relations Act 2016,* section 261

*Industrial Relations (Tribunals) Rules 2011,* rule 180

seal

**Information**

* Use this form to notify the Registrar of an Industrial dispute.
* Please read this form carefully. Please complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or the Rules may result in the rejection of your form.
* Once this form has been processed the Industrial Registry will contact you and provide you with a sealed copy of the notice of dispute.

**PLEASE NOTE:** Practice Direction 3 of 2021 – ELECTRONIC FILING AND HARD COPIES OF DOCUMENTS. Documents which are longer than 30 pages in length must be supplied to the Industrial Registry in hard copy before it will be accepted for filing.

For further information please contact the Industrial Registry on 1300 592 987 or via email at [qirc.registry@qirc.qld.gov.au](mailto:qirc.registry@qirc.qld.gov.au)

NOTICEis hereby given under section 261 of the *Industrial Relations Act 2016* of an industrial dispute.

|  |
| --- |
| Between |
|  |
|  |

and

**PLEASE NOTE**: If there are more than two parties to this application, please complete **a Form 1 – Parties list** and file it with this form. The notifier requests that the commission hold a conciliation conference of the parties to resolve the matter.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Particulars of party notifying the dispute | | | | |
| Name/Organisation: |  | | | |
|  | | | |
| Postal address: |  | | | |
| Suburb/Town | | | Postcode |
| Phone number: |  | Fax number: |  | |
| Mobile number: |  | | | |
| Email address: |  | | | |
| Name of contact person: |  | | | |
|  | | | |
| Direct phone number of contact person: |  | Mobile number: |  | |
| Email address of contact person: |  | | | |

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2. Place where dispute exists

*1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)*

3. Subject matter of dispute

*(must include sufficient detail) 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)*

4. Briefly state the award/certified agreement/determination affected, OR the industry in which the dispute arose and/or type of work being undertaken by those in dispute

*1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)*

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5. Have the applicable dispute settling procedures, if any, been followed?

*1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)*

6. What attempts under any applicable dispute settling procedures have been undertaken to resolve the dispute?

*(must include sufficient detail) 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)*

7. Unavailability of the representative of the party notifying the dispute to attend a conciliation conference within 3 days of lodgement

*1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)*

|  |  |  |  |
| --- | --- | --- | --- |
| 8. Particulars of the other party to the dispute | | | |
| Name/Organisation: |  | | |
|  | | |
| Phone number: |  | Fax number: |  |
| Email address: |  | | |
| Name of contact person: |  | | |
|  | | |
| Direct phone number of contact person: |  | Mobile number: |  |
| Email address of contact person: |  | | |

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|  |  |
| --- | --- |
| **9. Signature of person notifying the dispute** | |
| Signature: |  |
| Name in full(please print)**:** |  |
|  |
| Position/Capacity: |  |
| Date: | / / |