



Matter Number:

/ /

Form 22 – Response and counter claim

Industrial Relations Act 2016, section 551

Industrial Relations (Tribunals) Rules 2011, rule 22, 47 and 142

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Information

- 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.
- Practice Note 1 of 2018 - 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

Applicant:

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Respondent:

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.

TAKE NOTICE: That the respondent relies on the following facts in response to the application

1. Response

- I admit the claims in paragraphs:
- I do not admit the claims in paragraphs:
- I deny the claims in paragraphs:

2. Counter Claim

I apply for the following decision:

1000 character limit.

TAKE NOTICE: Please ensure that this application is accompanied by and filed with a properly completed **Form 20 – Affidavit**

3. Signature of applicant or representative

Signature:		
Name:		
Date:	/	/

Respondent's details

Name of respondent:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			

Respondent's representative

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

Applicant details

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

Applicant's representative			
Organisation:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			