



Matter Number:

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Form 82 – Application for an order to stop bullying

Industrial Relations Act 2016, section 273



Information

- Use this form to apply for an order to stop bullying
 - 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 your form has been processed the Industrial Registry will contact you and provide you with a sealed copy of your application.
 - Practice Direction 3 of 2021 - ELECTRONIC FILING AND HARD COPIE 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.
- Note:** The applicant may file a **Form 20 - Affidavit** in support of the application

For further information please contact the Industrial Registry on 1300 592 987 or via email at girc.registry@girc.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.

Application

This is an application to the Queensland Industrial Relations Commission, pursuant to section 273 of the *Industrial Relations Act 2016*.

1. Applicant:

Name of applicant:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			
Does the applicant have a representative?			
A representative might be a lawyer, a union, an agent or a family member or friend who will speak on behalf of the applicant. There is no requirement to have a representative.			
Yes - provide representative's details below and file a Form 33 or 34			
No			

2. Applicant's representative

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

3. Respondent

The applicant must serve a copy of this application on the respondent

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

4. Details of decision sought

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

5. Signature of applicant or representative

Signature:			
Name in full: (please print)			
Date:	/	/	

Please Note: Schedule 1 - grounds of application must be completed

Schedule 1 - Grounds of Application

(set out the reasons for the application in consecutively numbered paragraphs. (Note: if more than 5000 characters are required please attach a schedule)

Empty box for providing grounds of application.