



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 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 girc.registry@girc.qld.gov.au

| | |
|-------------------|--|
| Applicant: | |
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| Respondent: | |
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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)

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

5. Signature of applicant or representative

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