



# Form 84 – Application for an order protecting complainant’s interests

Anti-Discrimination Act 1991, section 144

Industrial Relations (Tribunals) Rules 2011, rule 80B



## Information

- Use this form to apply for an order protecting the complainant’s interests.
- 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 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.

**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 [qirc.registry@qirc.qld.gov.au](mailto:qirc.registry@qirc.qld.gov.au)

<b>Applicant:</b>	

## Application

This is an Application to the Queensland Industrial Relations Commission, pursuant to section 144(1) or 144(2). of the *Anti-Discrimination Act 1991*.

Has the Human Rights Commission accepted your complaint?

Yes – please attach a copy of the letter of acceptance of your claim from the Human Rights Commission

No

## 1. Applicant

<b>Name of applicant:</b>			
<b>Company:</b>		<b>ABN:</b>	
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

## 2. Applicant's representative

<b>Name of person or organisation:</b>			
<b>Name of contact person:</b>			
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

## 3. Respondent

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

## 4. Respondent's representative

<b>Name of person or organisation:</b>			
<b>Name of contact person:</b>			
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

## 5. Details of what you seek from the commission

The details of what I seek from the commission are:

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

## 6. Signature of applicant or representative

<b>Signature:</b>	
<b>Name in full:</b> (please print)	
<b>Date:</b>	/ /

**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)*