



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 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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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

| | | | |
|---------------------------|-------------|--------------------|----------|
| Name of applicant: | | | |
| | | | |
| Company: | | ABN: | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Fax number: | |
| Mobile number: | | | |
| Email address: | | | |

2. Applicant's representative

| | | | |
|--|-------------|--------------------|----------|
| Name of person or organisation: | | | |
| | | | |
| Name of contact person: | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Fax number: | |
| Mobile number: | | | |
| Email address: | | | |

3. Respondent

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

4. Respondent's representative

| | | | |
|--|-------------|--------------------|----------|
| Name of person or organisation: | | | |
| | | | |
| Name of contact person: | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Fax number: | |
| Mobile number: | | | |
| Email address: | | | |

5. Details of what you seek from the commission

The details of what I seek from the commission are:

1000 character limit.

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

6. Signature of applicant or representative

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