



# Form 86 – Application for review of Commissioner’s decision

*Anti-Discrimination Act 1991*, section 169(3)

*Industrial Relations (Tribunals) Rules 2011*, rule 80D



## Information

- Use this form to apply for a review of a decision of the Human Rights Commissioner.
- 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 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.

**PLEASE NOTE:** Rule 80D of the *Industrial Relations (Tribunals) Rules 2011* states that the application must be accompanied by a written statement by the applicant of the reasons why the anti-discrimination commissioner's decision should be changed. Please insert this in Schedule 1.

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)

## Applicant:


## Application

This is an application to the Queensland Industrial Relations Commission, pursuant to section 169(3) of the *Anti-Discrimination Act 1991*.

### 1. Applicant

<b>Name of Applicant:</b>			
<b>Company:</b>		<b>ABN:</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>			

## 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. Decision to be reviewed

**a) Details of decision to be reviewed** *(include case number if known)*  
*(If you have a copy of the decision you must lodge it with this application)*

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**b) When was the decision made?**

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**c) When did you receive the decision?**

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

The details of what I seek from the tribunal are:

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

### 6. Signature of applicant or applicant's representative

The information in this application is true to the best of my knowledge.

**Signature of applicant  
or applicant's  
representative:**

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**Print Name:**


**Date:**

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