

# Form 9B – Appellant’s statement of facts and contentions physical and/or psychiatric/psychological secondary injuries



Industrial Relations Act 2016, section 989

## Information

- Use this form to state your facts and contentions. Clearly and concisely specify the contentions in this matter. Some examples of what the contentions may be are:
  - whether the appellant was a worker within the meaning of section 11 of the *Workers' Compensation and Rehabilitation Act 2003*;
  - whether the appellant sustained an injury within the meaning of section 32 of the *Workers' Compensation and Rehabilitation Act 2003*;
  - whether employment was a major significant contributing factor to the psychiatric injury;
  - whether the psychiatric injury is excluded because it arose out of or in the course of reasonable management action taken in a reasonable way; and
  - whether the psychiatric injury is excluded because of the perception of the worker’s expectation or perception of reasonable management action being taken against the worker.
- 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 the form.

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

<b>Appellant:</b>	

V

<b>Respondent:</b>	<b>WORKERS' COMPENSATION REGULATOR</b>
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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.

The decision subject to this appeal is the review decision of the Workers’ Compensation Regulator details of which appear below

<b>Date of decision:</b>	/ /
<b>Specify the injury subject of the decision:</b>	

**Facts**

*1000 character limit.*

**Contentions**

*(see note) 3000 character limit.*

**Decision sought**

*1000 character limit.*

Filed by			
Name:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number	
Mobile number:			
Email address:			
Signature:			
Date:	/	/	