

Equal Opportunity Contact Form

This form may be completed by the student or staff member who is concerned about a matter of equal opportunity, or bullying or harassment. If necessary, a Discrimination Adviser will assist you in filling it out.

PLEASE WRITE CLEARLY

1. Your Name:

School/Division

Contact address
(If student):

.....

Telephone: Facsimile: Email:

2. Who do you think has discriminated against you?.....
(For example, your lecturer, your boss, a student)

3. **Name** of the person you think has discriminated against you

.....

Address

.....

Telephone: Facsimile: Email:

4. What do you think was the ground of the discrimination?

- sex
- marital status
- age
- pregnancy or potential pregnancy
- parental status
- dismissal on the ground of family responsibility
- race, including colour, nationality, national or ethnic origin, immigration, or racial vilification
- impairment, including physical, mental, intellectual or psychiatric disability
- medical record
- religion or religious vilification
- social origin
- political belief or activity
- trade union activity
- lawful sexual activity
- sexual preference
- criminal record
- incitement to racial or religious hatred
- association with, or relation to, a person identified on the basis of any of the above attributes
- bullying or workplace harassment
- other (please specify)

Discrimination on the above grounds is not unlawful in every case but may be the basis of a complaint under law or policy.

5. In what area of University life did the discrimination occur?
- In your employment
 - In your application for employment
 - In your education
 - In your application for admission as a student
 - In the provision of goods and services
 - In accommodation
 - In the membership or services of a club administered by the University or the Student Association
(Please state)
 - other (please specify)

6. **BRIEF OUTLINE OF COMPLAINT**

Please outline your complaint briefly and answer ALL the following questions:

6.1 What happened to make you believe that you were discriminated against?

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6.2 How many incidents occurred?

6.3 When did each incident occur?
(Give approximate day/month/year)

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6.4 Where did each incident happen?

Place(s).....

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6.5 Who is/are the person(s) responsible for each incident?

Name(s).....

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6.6 What relationship is each responsible person to you?
(eg your boss, your co-worker, your lecturer, a fellow student)

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.....

6.7 Why did the person or people treat you in this way?
(Can you offer any explanation?)

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6.8 Why do you think that the treatment was because of the reason (ground) you ticked under question 4? (eg sex, race, etc)

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.....

7. Have you told anyone else about this complaint?

Yes Who? (eg your supervisor, head of school, industrial union or student association, police. Please identify the person you dealt with)

.....
.....

No

8. Have you already tried to resolve the problem yourself?

Yes How?

.....

No

9. What effect did the incident(s) have on you? Please state how you felt and if you think you suffered any loss, harm or damage.

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10. Are there any witnesses who would support your allegations?
If so, please give their names and explain briefly.

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11. Are there any documents that would support your allegations?
If so, please list what they are. You need not attach copies unless asked.

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12. What would you like to happen to resolve your complaint?
(eg apology, transfer, etc)

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13. If any part of what you are complaining about happened more than 12 months ago, please explain why
you did not submit your complaint earlier.

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NAME OF DISCRIMINATOR ADVISER
WHO RECEIVED THE COMPLAINT

SIGNATURE OF PERSON COMPLAINING

.....
(Please print)

.....

Date:

Date: