



NUMBER: B/

Form 82 – Application for an Order to stop bullying

Version 2

Applicant: **(NAME OF APPLICANT IN MATTER)**

AND

Respondent: **(NAME OF RESPONDENT IN MATTER)**

This is an Application to the Queensland Industrial Relations Commission, pursuant to section 273 of the *Industrial Relations Act 2016*

1. The Applicant:

Name			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

(a) Does the Applicant have a representative?

A representative might be a lawyer, a union, an agent or a family member or friend who will speak on behalf of the Applicant. There is no requirement to have a representative.

Yes - Provide representative's details below and file a Form 33 or 34

No

b) The Applicant's representative

Organisation/Firm			
Name of contact person			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Email address			

2. The Respondent

The Applicant must serve a copy of this Application on the Respondent

Name of Respondent			
Contact person			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Email address			

2. DETAILS OF DECISION SOUGHT:

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3. GROUNDS OF THE APPLICATION (Please complete **Schedule 1**).

4. Signature

Signature	
Name	
Date	

SCHEDULE 1 -

Using numbered paragraphs, please specify the grounds of the Application.

[Empty box for specifying grounds of the Application]

Attached additional pages if required.