



NUMBER: AD/

Form 85 – Referral of a matter

Version 2

This is a referral to the Queensland Industrial Relations Commission in accordance with section [s155(4)] [s164A] [s166] [s167] of the *Anti-Discrimination Act 1991*.

1. The Applicant

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

Applicant's representative

Contact person			
Organisation		ABN	
Postal Address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

2. The Respondent

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

Respondent's representative

Contact person			
Organisation		ABN	
Postal Address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

3. Checklist and signature

- 3.1** I have completed all questions on the referral form
 The complaint, related documents and special comments are set out in Schedule 1
 I am ready to proceed with this referral

3.2 Is an Interpreter required? **Yes** **No**

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If YES, please specify language

4. Signature

Signature	
Name	
Date	

SCHEDULE 1 – Details of matter referred to the tribunal

(including, where applicable, grounds of referral. Please attach all relevant documents and information)



Please add extra pages if required.