



QIRC Matter No:

/ /

Industrial Magistrates Court Matter No:

Industrial Magistrates Court Location:

Form 90 – Fair Work Claim

Magistrates Court
seal

Industrial Registry
seal

Fair Work Act 2009, Chapter 4, Part 4-1
Industrial Relations Act 2016, Chapter 11, Part 3, Division 4
Industrial Relations (Tribunals) Rules 2011, r 123P and r 123R

Information

- Use this form to make a claim in the **Industrial Magistrates Court**.
- It may be filed at either a Magistrates Court Registry *OR* the Industrial Registry.
- A Fair Work Claim *may* be referred to the Queensland Industrial Relations Commission for a conciliation conference, in accordance with s 507C(2) of the *Industrial Relations Act 2016*. If the Fair Work Claim is not resolved in the conciliation process, it will be referred to the relevant Industrial Magistrates Court for hearing before an Industrial Magistrate.
- Please read this form carefully and 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 non-acceptance of your claim.
- For further information on please refer to the website www.qirc.qld.gov.au or contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Applicant/Claimant:

v

Respondent/Defendant:

PLEASE NOTE: If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file with this form.

Claim

This claim is made to the Industrial Magistrates Court, in accordance with the [Fair Work Act 2009](#) (Chapter 4, Part 4-1) and the [Industrial Relations Act 2016](#) (Chapter 11, Part 3, Division 4).

Small Claims Procedures

The Applicant/Claimant elects to have these proceedings dealt with under the Industrial Magistrates Court's small claims procedures:

Yes

No

NOTE: Please refer to s 548 of the *Fair Work Act 2009* for more information regarding small claims procedures (e.g. not bound by any rules of evidence).

1. Employee or outworker's details

Title [please select]:	Mr	Mrs	Ms	Miss	Mx	Other: _____
Name:						
Postal/Service address:						
	Suburb/Town					Postcode
Phone number:			Mobile number:			
Email address:						
First language:	English	Other: [please specify] _____				
		Is an interpreter required?	No	Yes		
		If yes, which language: _____				

2. Representative of employee or outworker's details [if applicable]

[If the applicant is an industrial organisation, insert details here]

[Please see s 530 of the *Industrial Relations Act 2016* regarding representation]

Organisation/Firm:						
Name of contact person:						
Postal/Service address:						
	Suburb/Town					Postcode
Phone number:			Mobile number:			
Email address:						

3. Respondent (employer or outworker entity's) details

Name:						
Name of contact person:						
Postal/Service address:						
	Suburb/Town					Postcode
Phone number:			Mobile number:			
Email address:						

4. Notices

Where should notices of the Industrial Magistrates Court or Queensland Industrial Relations Commission be sent?	Employee/Outworker Representative of Employee/Outworker Both above Other [please specify]: _____
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5. Details of work performed by employee/outworker

5.1 Occupation			
5.2 Work performed or services provided			
5.3 Duties [provide a brief summary of the main duties performed by the employee/outworker]			
5.4 Classification level [under the applicable modern award, enterprise agreement, workplace determination or contract]			
5.5 Place/location where work performed, or services provided			
5.6 Period of employment or contract	Date employment commenced:		
	Last date worked:		
5.7 Was the employee/outworker's employment terminated?	Yes	Was written notice of the termination/dismissal given?	
		Yes (please attach a copy of the notice)	
		No	
	No (continue to 5.8)		
5.8 Employment status	Full-time Casual Seasonal	Part time Fixed term Outworker	
5.9 Hours of work – Did the employee/outworker work regular hours?	No [continue to 6]		
	Yes [please indicate regular hours on table below]		
	Day	Start time [state am/pm]	Finish time [state am/pm]
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
Sunday			

6. Contravention alleged

The employee/outworker alleges that the employer/outworker entity has breached one or more of the below

	<p>One of the National Employment Standards [information regarding the National Employment Standards can be found at National Employment Standards Fair Work Commission (fwc.gov.au)]</p> <p>Please specify the standard/s breached (e.g. wages, leave):</p>
	<p>A term of a modern award [information regarding awards can be found at Awards Fair Work Commission (fwc.gov.au)]</p> <p>Please specify the name of the modern award and relevant term of that award breached:</p>
	<p>An enterprise agreement [Information regarding agreements can be found at Enterprise agreements Fair Work Commission (fwc.gov.au)]</p> <p>Please specify the name of the enterprise agreement and relevant term of that agreement breached:</p>
	<p>A workplace determination [Information regarding a workplace determination can be found at Enterprise agreements Fair Work Commission (fwc.gov.au)]</p> <p>Please specify the name of the determination and the relevant provision breached:</p>
	<p>A national minimum wage order [Information regarding the national minimum wage can be found at Minimum wages and conditions Fair Work Commission (fwc.gov.au)]</p> <p>Please specify details:</p>
	<p>An equal remuneration order [Information regarding equal remuneration can be found at Gender pay equity Fair Work Commission (fwc.gov.au)]</p> <p>Please specify details:</p>
	<p>A safety net contractual entitlement [Information regarding the safety net review can be found at National wage and safety net review decisions Fair Work Commission (fwc.gov.au)]</p> <p>Please specify details:</p>
	<p>Other</p> <p>Please specify details:</p>

For information regarding award coverage, pay, leave, conditions and other entitlements, please contact the [Fair Work Ombudsman \(fairwork.gov.au\)](https://www.fairwork.gov.au) or call 13 13 94.

7. Remedy sought

Select the remedy/remedies sought and include the amount claimed

	Wages	
	Allowances	
	Overtime rate	
	Penalty rate	
	Annual leave	
	Personal/Carer's leave	
	Compassionate leave	
	Jury service	
	Public holiday	
	Redundancy	
	Superannuation	
	Other [<i>please specify</i>]	
Total:		
Less amount already paid:		
Total unpaid amount claimed:		

8. Particulars of the amount claimed

Describe the basis for the amount/s claimed for the remedy/remedies selected above and provide the method of calculation of the amount claimed

Please attach a schedule if more room required

9. Signature of party making the claim

Signature:	
Name:	
Date:	