



## Introduction

Please use the accompanying *Workplace Complaint Form User Guide* to assist you in completing this form. Print neatly with a black or blue ballpoint pen only. To avoid delays in having your complaint registered and investigated, please provide as much detail as possible.

**Note: All questions marked with an asterisk (\*) are mandatory.**

### Section 1. Complainant details

1.1 Please indicate whether you are one of the following:

Current employee  Former employee  Current employer  Union official

1.2 Gender Male  Female

1.3 Title\* Mr  Mrs  Ms  Miss  Dr  Other (please specify)

1.4 Surname/family name\*

1.5 Given name/s\*

1.6 Date of birth\* (dd/mm/yyyy)

1.7 Residential address\*

Suburb/town  State  Postcode

1.8 If your postal address differs from your residential address above, please provide details.

Postal address

Suburb/town  State  Postcode

1.9 Preferred daytime contact number\* (between 8.30 am and 5.30 pm)  ( )

1.10 Alternative contact number  ( )

1.11 Email address

1.12 Preferred contact method (e.g. mobile, email)

1.13 Do you need an interpreter?\* Yes  No  Language

1.14 Is/was your employment subject to a working visa?\* Yes  No   
 If Yes, for which visa classification? 457  442  573  Other

1.15 If you are unsure of your visa classification, please call the Department of Immigration and Citizenship on 13 18 81 or visit [www.immi.gov.au](http://www.immi.gov.au)

What is your country of origin?

1.16 Are you or do you identify as an Aboriginal or Torres Strait Islander? Yes  No

## Section 2. Employer details

**Note:** You may find some of these details on the employer's business letterhead, your payslips or PAYG payment summary.

2.1 Is/was the employer your current, former or potential employer?

Current  Former  Potential (i.e. you were not yet employed)

2.2 Business or trading name of employer (e.g. Joe's Pie Shop)

2.3 Legal name of the employer\* (e.g. Joe and Sons Pty Ltd)

2.4 ABN/ACN\* (Australian Business Number/Australian Company Number)

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2.5 Main business activity\* (briefly describe the main business activities of the employer, e.g. clothes shop, fast food, nursery, plumbing)

2.6 Full name of business owner(s) and/or manager

2.7 Contact number(s) for business owner(s) and/or manager

2.8 Address where you work/worked\*

Suburb/town

State

Postcode

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2.9 Employer's postal address

2.10 Suburb/town

State

Postcode

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2.11 Workplace phone number

2.12 Workplace fax number

2.13 Workplace email address

2.14 Number of employees less than 15  15 or more

2.15 Is the business still trading? Yes  No

If you indicated you were a potential employee, please go to Section 5.

Section 3. Job details

If your complaint is in relation to dismissal or termination of your employment, please refer to the attached *Workplace Complaint Form User Guide* for important information.

If your complaint is only about workplace rights (e.g. industrial action, right of entry), go to Section 5, Part C.

- 3.1 What date did you start working for this employer?\* (dd/mm/yyyy)
- 3.2 Are you still working for this employer?\* **Yes—go to Question 3.10.**
- 3.3 What date did you finish working for this employer?\* (dd/mm/yyyy)
- 3.4 Who terminated your employment?\* You  Your employer
- 3.5 What were the reasons for the termination of your employment?
- 3.6 Was notice of termination given?\* Yes  No—please go to Question 3.8.   
If Yes, what date was the notice given? (dd/mm/yyyy)
- 3.7 Did you work out the notice given? Yes  No  If No, please provide details.  
3.8
- 3.9 Did you receive any payments on termination of your employment? Yes  No   
If Yes, what was the amount? \$   
Please provide a copy of your final payslip if you have one.
- 3.10 Do you have any property of the employer (e.g. uniform, tools, time and wages records, keys, access cards, computer software or hardware)? Yes  No   
If Yes, please provide details.
- 3.11 What is/was your job title?
- 3.12 What major tasks do/did you perform in your job?\*
- 3.13 Have you signed, or are/were you covered by any or all of the following during your employment?  
 Award  Collective/enterprise agreement  Australian Workplace Agreement (AWA)   
Individual Transitional Employment Agreement (ITEA)  Individual Flexibility Arrangement(IFA)  Employment  
contract  Other   
Title/reference of instrument:   
Note: If you have signed an AWA, IFA, ITEA or employment contract, please provide a copy.
- 3.14 Are/were you employed as?\*  Full-time  Part-time  Casual  Don't know
- 3.15 Are/were you employed under any of the following categories?—please select those that apply.  
 Apprentice  Contractor  Pieceworker  
 Trainee  Shift worker  Supported Wage System employee

## Section 4. Pay details

4.1 What is/was your rate of pay before tax?\*

Please indicate at what rate this amount was \$

Hourly  Weekly  Fortnightly

Monthly  Yearly  Other (please provide details)

4.2 How often are/were you paid?

Weekly  Fortnightly  Monthly  Other (please provide details)

4.3 How are/were you paid?

Cash  Bank deposit  Cheque  Other (please provide details)

If you were paid cash, was income tax deducted? Yes  No

4.4 Do/did you receive payslips? Yes  No  Occasionally

4.5 Do/did you receive additional payments? Yes  No  If yes, please indicate type.

Commission  Incentive payments  Bonus payments

Other (please provide details)

4.6 Do/did you have any deductions from your pay apart from tax? Yes (please provide details)  No

If yes, do/did you agree to these deductions? Yes  No

4.7 How many hours do/did you usually work each week?

4.8 Does/did your employer keep a record of your hours worked? Yes  No  Don't know

If Yes, which type of records? Timesheet  Clock card  Other

4.9 Do/did you keep your own record of your hours worked? Yes  No

4.10 Do/did you work regular hours? Yes  No

If Yes, enter these hours for one working week in the table below.

If No, enter the hours for a typical working week in the table below. Alternatively, if you are/were a shift worker (continuous, rotating, alternating or extended shifts), please attach a copy of your roster.

### Standard/usual hours for one typical working week

Days	Start time	Start meal break	End meal break	Finish time	Daily hours worked (excl. meal break)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				<b>TOTAL</b>	

## Section 5. Details of complaint

**Note:** If you need more space, please attach additional pages to this form and make a note that you are providing more information.

If you have contacted the Fair Work Infoline in relation to your complaint, please provide your reference number (if known).

Please indicate whether one or more of the following issues are the basis for your complaint.

Refer to the attached *Workplace Complaint Form User Guide* for more information.

- Wages and conditions (e.g. underpayment of wages, non-payment of annual leave)  
—go to **Part A** and complete **all** questions.
- Unlawful workplace discrimination (e.g. discrimination on the basis of gender, race, pregnancy etc.)  
—go to **Part B** and complete all questions.
- Workplace rights (e.g. unlawful industrial action, general protections, right of entry)  
— go to **Part C** and complete the appropriate section(s).

### Part A —Wages and Condition complaint

If your complaint is about not being paid correctly or not receiving your correct conditions of employment, this section must be completed. The Office of the Australian Building and Construction Commissioner (ABCC) cannot commence investigating your complaint in this area if this section is not completed in full.

1. What is your complaint? Please select all that apply.

- |                                                                   |                                                                             |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Underpayment of hourly rate              | <input type="checkbox"/> Underpayment/non-payment of penalty rates/overtime |
| <input type="checkbox"/> Underpayment/non-payment of allowances   | <input type="checkbox"/> No payslips/issue with payslips                    |
| <input type="checkbox"/> Underpayment/non-payment of annual leave | <input type="checkbox"/> Not given meal breaks                              |
| <input type="checkbox"/> Redundancy                               | <input type="checkbox"/> Unauthorised deductions                            |
| <input type="checkbox"/> Long service leave                       | <input type="checkbox"/> Not paid for time worked                           |
| <input type="checkbox"/> Notice of termination                    | <input type="checkbox"/> Unpaid trial work                                  |
| <input type="checkbox"/> Other                                    |                                                                             |

2. What do you believe you are owed?

3. Please provide further details below about **all** of the items you have ticked in Question 1 above, including how you determined the amount in Question 2. Please provide any other information you believe may be relevant to your complaint.

## Part B —Unlawful workplace discrimination complaint

If your complaint is about unlawful workplace discrimination, this section must be completed. ABCC cannot commence investigating your complaint in this area if this section is not completed in full.

Note: We can only investigate unlawful workplace discrimination matters that occurred or continued on or after 1 July 2009.

1. Do you believe you have been discriminated against because of any of the following reasons? Please select all that apply.\*

- |                                            |                                                          |                                                        |
|--------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> race              | <input type="checkbox"/> social origin                   | <input type="checkbox"/> religion                      |
| <input type="checkbox"/> colour            | <input type="checkbox"/> marital status                  | <input type="checkbox"/> political opinion             |
| <input type="checkbox"/> sex/gender        | <input type="checkbox"/> family/carer's responsibilities | <input type="checkbox"/> national extraction           |
| <input type="checkbox"/> sexual preference | <input type="checkbox"/> pregnancy                       | <input type="checkbox"/> physical or mental disability |
| <input type="checkbox"/> age               |                                                          |                                                        |

2. When did the unlawful discrimination take place?\*

The discrimination started on (dd/mm/yyyy)

  

3. Is the unlawful discrimination still happening? Yes  No

If No, when did it stop (dd/mm/yyyy)?

  

In the space below please include information about all of the items you have ticked in Question 1 above and any other details you believe may be relevant to your complaint. Please include details of what happened and why you think this action was discriminatory.\* Attach additional pages if necessary

  

## Part C—Workplace rights complaint

If your complaint is about any of the following issues relating to workplace rights, this section **must** be completed in full. The ABCC cannot commence investigating your complaint in this area if this section is not completed.

If your complaint relates to matters occurring on or after 1 July 2009, please complete Question 1, 2, 3 and/or 4. For matters that occurred prior to 1 July 2009, please complete Question 5.

Please select all that apply

### 1. General protections

- Workplace rights     industrial activities     other protections     sham arrangements

In the space below please include information about all of the items you have ticked and any other details you believe may be relevant to your complaint.

**2. Industrial Action**

- Industrial action occurring before the nominal expiry date of an enterprise agreement
- Contravention of a Fair Work Australia order to stop industrial action
- Protected action ballots
- Payments relating to periods of industrial action

In the space below please include information about all of the items you have ticked and any other details you believe may be relevant to your complaint.


**3. Right of entry**

- Entry rights
- Prohibitions

In the space below please include information about all of the items you have ticked and any other details you believe may be relevant to your complaint


**4. Enterprise agreements**

- Contravention of a Fair Work Australia bargaining order

In the space below please include information about all of the items you have ticked and any other details you believe may be relevant to your complaint.


**5. If your complaint relates to matters occurring before 1 July 2009, please outline your complaint in the space provided.**


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**Section 6. Important information relating to the complaint**

6.1 Have you attempted to resolve this matter with your employer?\* Yes  No  Please provide details


6.2 Are you taking legal action against the employer?\* Yes  No

If Yes, please provide details (e.g. unlawful termination, unfair dismissal, civil action, costs action).

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6.3 Is this matter being handled by another agency or your union?\* Yes  No

If Yes, please provide details of the complaint, the agency (e.g. the Australian Human Rights Commission, Fair Work Australia) or trade union it was made to, and any outcome. Please attach copies of any correspondence you have received from the agency or trade union.

6.4 Are there any criminal charges related to your employment?\* Yes  No  Please provide details

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## Section 7. Confidentiality\*

Please select an option below.

Option 1 – I consent to the ABCC contacting and disclosing to the employer or any other relevant person (including relevant government agencies, as noted in Section 8) information in this complaint form, including my identify (complainant’s identity), for the purpose of investigating my complaint.

Option 2 – I do not consent to the ABCC disclosing to the employer or any other relevant person (excluding relevant government agencies, as noted in Section 8) my identity, or any other information in this complaint form that may identify me, for the purpose of investigating my complaint. In withholding my consent, I acknowledge that confidential complaints can be more difficult and take longer for the ABCC to investigate or in some cases may not be able to be investigated at all.

If you chose Option 2, provide details supporting your request to have your complaint managed confidentially.

  

**Note:** In some circumstances we may be unable to investigate your complaint confidentially. If this is the case we will advise you. Contact the ABCC hotline on 1800 003 338 if you would like to discuss your situation in more detail.

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## Third Party Lodgement

Please fill in this section if you are completing this form on behalf of another party (e.g. your child, a group you belong to, someone with a disability, language or literacy difficulties).

**Note:** Authorisation by the complainant is required in Section 8 before you can complete this form and act on his or her behalf.

Surname/family name

Given name/s

Address

Suburb/town State Postcode

Daytime contact number ( )

Email address

What is your relationship to the complainant?

Is it difficult for the complainant to make the complaint for themselves? Yes  No

If Yes, why?

If you belong to a trade union, are you lodging this complaint on behalf of your members? Yes  No

If Yes, what is the name of the trade union?

What is your position in the trade union?

## Section 8. Complainant's declaration\*

I declare that:

- The details I have provided are correct to the best of my knowledge.
- I understand that it is an offence to knowingly give false or misleading information.
- I authorise the ABCC to refer my complaint, or aspects of my complaint, including any information obtained while investigating my complaint, to other relevant government agencies, including state/territory agencies, where issues fall within their area(s) of responsibility.
- I understand that ABCC may disclose or authorise to disclose information likely to assist in the administration or enforcement of a law of the Commonwealth, a state or a territory.
- I understand the information provided in my complaint form may be used for statistical research, monitoring and evaluation that may be carried out by the ABCC, Fair Work Ombudsman, Fair Work Australia, the Department of Education, Employment and Workplace Relations or contracted commercial researchers.
- I understand that before my complaint is accepted you may need to contact me to discuss the matter further.

If you are authorising a third party to complete this form and act on your behalf, please complete the following details before signing the declaration.

I (name of complainant)

(if appropriate) authorise (name of third party)

to complete this form and act on my behalf.

Your signature

Date

**Before returning this form, please ensure you have:**

- Signed and dated the form in Section 8
- Included copies of any supporting documents (do not send originals), such as:
  - payslips
  - PAYG summaries
  - time and wage records
  - tax declaration forms
  - employment agreements/contracts
  - individual flexibility agreements
  - correspondence with your employer
  - relevant employer policies and forms
  - job advertisements
  - doctor's certificates
  - diary records
- kept a copy of this form and any additional material for your records.

Please send this form and supporting documents to:

**Office of the Australian Building and Construction Commissioner, GPO box 9927 in your capital city.** (Northern Territory residents should send their documentation to the ABCC's Adelaide office.)

The ABCC manages personal information in accordance with the *Privacy Act 1988*. Information in your complaint form will be used for the purpose of determining whether Commonwealth workplace laws are being adhered to.