

# Complaint Form

## Part A – About you (the complainant)

Mr/Mrs/Ms		Name			
Address					Postcode
Phone			Mobile		
Email					
	Only fill out this	s box if you are cor	nplaining on beh	nalf of someone e	lse
Name of that person					

What is your relationship to that person?

Only fill out this box if someone is assisting you with the complaint (for example a solicitor or union representative)				
Name of representative				
Organisation				
Postal address:			Postcode	
Phone		Mobile		
Email				

## Part B - Your complaint - Who are you complaining about? (the respondent)

Name		
Address		Postcode
Phone	Mobile	
Email		
What is this person's relationship to you?		

If you are complaining about more than one person/incident, please provide this additional information on an extra page.

#### Why are you complaining to HRNSW?

I am complaining because I believe:

- There is activity which is leading to significant breaches of the rules
- Someone is administrating prohibited substances
- A horse's equipment has been tampered with
- I suspect foul play
- I have been discriminated against because of my sex (incl pregnancy, marital status, family responsibilities);
- I have been sexually harassed;
- I have been discriminated against because of my race; (incl descent, national / ethnic origin, colour, immigrant status, racial hatred);
- I have been discriminated against because I have a disability (incl physical, intellectual, psychiatric, learning, work related, medical condition, disease such as cancer or HIV, associates and carers of a person with a disability);
- I have been discriminated against because of my age;
- I have been discriminated against because of my (please tick which one):
  - sexual preference
  - criminal record
  - religious belief
  - political opinion
- I have been treated unfairly for another reason.

Please state the reason:				
When did this happen?	Day	Month	)	Year
What happened?				
Describe the events that you want to complain about. W dates and other details that you can remember. If you a and whether you are still employed.	/e need to know what you say have a say have	appened, where it happer ent, please tell us when yc	ned and who did nu commenced e	it. Please give us all the employment, your job title
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### Date:

#### Part C – Further information

#### Supporting evidence

Please attach copies of any documents that may help us investigate your complaint. If you cannot do this, please tell us about the documents or other evidence and how this evidence can be obtained

#### Remember

- to sign and date page 4 of this document; and
- attach copies of any relevant documents

Send your completed form to:

The Integrity Officer Harness Racing NSW PO Box 1034 Bankstown NSW 1885