

File Number

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**ACT CIVIL AND ADMINISTRATIVE TRIBUNAL  
LATE APPLICATION FOR  
DISCRIMINATION COMPLAINT TO  
BE HEARD\***



\* under s53B Human Rights Commission Act 2005

APPLICANT/COMPLAINANT DETAILS			
Name			
Address line 1			
Address line 2			
Telephone	Email:	Fax:	
APPLICANT'S REPRESENTATIVES DETAILS (IF ANY)			
Name			
Address line 1			
Address line 2			
Telephone	Email:	Fax:	
RESPONDENT'S DETAILS/PERSON COMPLAINED ABOUT			
Name			
Address line 1			
Address line 2			
Telephone	Email:	Fax:	
<b>Type of statement given</b> ( <i>Indicate if it was a discrimination referral statement or a statement in a final report. Attach a copy of the statement</i> )			
<b>Date you were given statement</b>			
<b>Circumstances relied on</b> ( <i>State what exceptional circumstances prevented you from requiring your complaint to be referred to the Tribunal within 60 days</i> )			
<b>Applicant's signature</b>		<b>Date</b>	