File Number

/

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

Approved Form AF2009-83 approved by L Crebbin (General President) and B Stefaniak (Appeal President) on 30 January 2009 under section 117 of the ACT Civil and Administrative Tribunal Act 2008. Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au