About the F75 application form

# Application for the FWC to deal with a sexual harassment dispute

**This form is for use by a person who:**

* is a worker, or seeking to become a worker, in a business or undertaking, or a person who is conducting a business or undertaking, and
* believes they have been sexually harassed in connection with work on or after 6 March 2023, and
* wants the Fair Work Commission to deal with a sexual harassment dispute by:
  + making a stop sexual harassment order, or
  + dealing with the dispute in another way, or
  + both.

An industrial association (a union) should also use this form if it is entitled to represent the industrial interests of a person who believes they have been sexually harassed and who wants the Fair Work Commission to deal with a sexual harassment dispute.

You can **find out more** about [sexual harassment in connection with work](https://www.fwc.gov.au/issues-we-help/sexual-harassment) on our website. This includes information about how we deal with sexual harassment disputes, how we handle the information you provide and requests for confidentiality.

If the person believes the sexual harassment at work happened or started before 6 March 2023, **use Form F72A**.

You should lodge this application within 24 months after the alleged sexual harassment in connection with work occurred, or last occurred. If you lodge the application after more than 24 months, the Commission may dismiss the application.

You can complete and lodge 1 application if 2 or more people wish to apply jointly or a union is entitled to represent the industrial interests of 2 or more aggrieved people, but **only if** the application is about the **same alleged contravention(s).**

**This form asks questions about:**

* the connection with work and what happened
* how to contact the people involved in the dispute.

**When you complete the form** it can help to have a pay slip or PAYG payment summary.

## Lodging your completed form

Lodge your form with the Commission by:

* email to [WDT@fwc.gov.au](mailto:WDT@fwc.gov.au) or
* post or in person at the the [Commission’s office](https://www.fwc.gov.au/about-us/contact-us) in your state or territory

|  |
| --- |
| **WarningWe will send a copy of this form (and any attachments) to the other people in this case**.  This may include:   * your employer or principal (if you had one when the alleged sexual harassment occurred) * the people you name in the form as having engaged in sexual harassment (**the Respondents**), and their employers/principals * any representatives or paid agents involved in the case.   This is so they can understand your side of the case. We will ask them for their side of the case as well. We will send you a copy of their response.  **If you are worried about particular information being passed on, don’t include it yet.** Lodge your completed form and then contact us to talk about whether you should provide the information.  You can find out more about [keeping a case confidential](https://www.fwc.gov.au/hearings-decisions/how-commission-works/keeping-case-confidential) on our website. |

## What happens next

We will contact you to let you know what happens next. You don’t need to do anything until then.

## Where to get help

### Commission staff & resources

Commission staff cannot provide legal advice. However, staff can give you information on:

* Commission processes
* how to make an application to the Commission
* how to fill out forms
* where to find useful documents such as legislation and decisions
* other organisations that may be able to assist you.

Visit our website to find out how to [contact us](https://www.fwc.gov.au/about-us/contact-us) or for information about [sexual harassment in connection with work](https://www.fwc.gov.au/issues-we-help/sexual-harassment).

# Form F75 – Application for the FWC to deal with a sexual harassment dispute

[Fair Work Act 2009](https://www.legislation.gov.au/C2009A00028/latest/versions), s.527F, [Fair Work Commission Rules 2024](https://www.legislation.gov.au/F2024L00379/latest/versions), rule 83

This is an application for the Fair Work Commission (the Commission) to deal with a sexual harassment dispute under Part 3-5A of the *Fair Work Act 2009*.

## Stop sexual harassment order

The Commission has the power to deal with an application by making a stop sexual harassment (in connection with work) order. Apply for a stop order if you want the Commission to make an order to stop the sexual harassment from happening.

## Dealing with the dispute another way

The Commission may also deal with a sexual harassment dispute another way, including by holding a conference to assist the parties to settle the dispute. If the dispute remains unresolved, the Commission may issue a certificate. If a certificate is issued, the applicant can bring a sexual harassment court application or, if some or all of parties agree, the matter can be arbitrated by the Commission. If the matter is arbitrated, the Commission has powers to make orders including for compensation, lost remuneration, and to make a person perform and carry out an action, and the Commission can express an opinion. There are time limits for making a sexual harassment court application or applying for the Commission to arbitrate a sexual harassment dispute. You can **find out more** about [sexual harassment in connection with work](https://www.fwc.gov.au/issues-we-help/sexual-harassment) on our website.

Please select from below which application you are making.

### What are you applying for?

I am applying for the Commission to deal with a sexual harassment dispute:

|  |  |  |
| --- | --- | --- |
|  | by making a stop sexual harassment order | Complete Parts 1, 2 and 4 of this form |
|  | by otherwise dealing with the dispute | Complete Parts 1, 3 and 4 of this form |
|  | by making a stop sexual harassment order **and** by otherwise dealing with the dispute | Complete all Parts of this form |

### I am applying (the Applicant) in my capacity as:

|  |  |  |
| --- | --- | --- |
|  | an **aggrieved person** (a person who alleges they have been sexually harassed in connection with work) | Answer questions 3 and 4 and then go to question 6.  You do not need to answer question 5. |
|  | an industrial association that is entitled to represent the industrial interests of one or more aggrieved persons | Answer questions 3 and 5.  Do not answer question 4. |

## Part 1 – About the parties and what happened

### About the aggrieved person

This is the person who alleges they were sexually harassed in connection with work.

Is there more than one aggrieved person involved in this dispute? Each Applicant who is an aggrieved person(s) should file a separate Form F75.

Please provide a telephone number for the aggrieved person. It is important that we can contact the person. If you give us a mobile number, we may send reminders by SMS.

We send a copy of this application to the other people in the case. We will remove the aggrieved person’s postal address before sending this application. If the aggrieved person is concerned about any of their other contact details being provided to the other people in the case, please contact us.

If the aggrieved person is under 18 years, the Commission encourages them to have a parent or guardian, or a legal representative, involved. We can provide information about how to find legal services.

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| --- | --- | --- | --- |
| **About the aggrieved person** | | | |
| **Title** | Mr  Mrs  Ms  Other – please specify: | | |
| **First name(s)** |  | | |
| **Surname** |  | | |
| **Email address** |  | | |
| **Phone number** |  | | |
| **Postal address** |  | | |
| **Suburb** |  | | |
| **State or territory** |  | **Postcode** |  |
| **Is the aggrieved person aged:** | 18 years or over (adult) | | |
|  | Under 18 years | | |

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| **Describe the aggrieved person’s connection to work** | |
| The aggrieved person is: | |
| **a worker in a business or undertaking** | |
| Is the worker still employed, engaged or otherwise connected to the workplace where the alleged sexual harassment occurred? | Yes  No – explain why the worker is no longer connected (for example, because the person resigned, retired or was dismissed): |
| **seeking to become a worker in a particular business or undertaking** | |
| **a person** **conducting a business or undertaking** | |

### Do you have a representative?

A **representative** is a person who speaks for you in your case, such as a lawyer, a union, a not‑for‑profit association or body that provides support, advice or advocacy in relation to employment matters. You don’t need a representative. You can read more about [deciding whether to have a representative](https://www.fwc.gov.au/apply-or-lodge/legal-help-and-representation) on our website.

A representative is different from a **support person**. A support person is someone you bring with you to a legal proceeding who can give you emotional support, such as a family member or friend.

**No** I don’t have a representative – Go to question 6

**Yes** I have a representative – Fill in their details below and then go to question 6.

You will need permission if you want to be represented by a lawyer or paid agent when a Commission Member holds a conference or hearing about your case. Our [lawyers and paid agents practice note](https://www.fwc.gov.au/hearings-decisions/practice-notes/practice-note-lawyers-paid-agents) explains when you need to ask for permission to be represented. Our [benchbook](https://www.fwc.gov.au/benchbook/sexual-harassment-benchbook) has more information about permission to be represented.

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| --- | --- | --- | --- |
| **Name of person representing you** |  | | |
| **Firm, company or organisation** |  | | |
| **Email address** |  | | |
| **Phone number** |  | | |
| **Postal address** |  | | |
| **Suburb** |  | | |
| **State or territory** |  | **Postcode** |  |
| **Is your representative a lawyer or paid agent?** | | | |
| Yes – please select | Lawyer  Paid agent | | |
| No | | | |

### About the industrial association

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| WarningOnly answer this question if the Applicant is an industrial association.  If you are the Applicant and an industrial association is your representative, provide information about the industrial association at question 4 above instead. |

Is this a joint application by 2 or more industrial associations? Note: each Applicant should file a separate Form F75.

Provide details of the aggrieved person(s) the industrial association is entitled to represent at question 3 above.

Please provide a telephone number. It is important that we can contact you so that we can deal with your application. If you give us a mobile number, we may send reminders by SMS.

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| **About the industrial association** | | | |
| **Name of the industrial association** |  | | |
| **Postal address** |  | | |
| **Suburb** |  | | |
| **State or territory** |  | **Postcode** |  |
| **Contact person** | | | |
| **Title** | Mr  Mrs  Ms  Other please specify: | | |
| **First name(s)** |  | | |
| **Surname** |  | | |
| **Role** |  | | |
| **Email address** |  | | |
| **Phone number** |  | | |

### About the business or undertaking

Tell us about each business or undertaking to which the allegations of sexual harassment relate. If there is more than one, add additional pages.

**We will send a copy of this form to the business or undertaking** and ask them to respond to the claim.

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| **About the business or undertaking** | | | |
| **Relationship to aggrieved person** | Past, current or prospective employer/principal of the aggrieved person  Employer/principal of a Respondent  The person conducting the business or undertaking is the aggrieved person (go to question 7)  Other – briefly describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Legal name** |  | | |
| **ACN (if a company) and ABN** |  | | |
| **Street address or PO Box** |  | | |
| **Suburb** |  | | |
| **State or territory** |  | **Postcode** |  |
| **Contact person** | | | |
| **Title** | Mr  Mrs  Ms  Other please specify: | | |
| **Name** |  | | |
| **Position/role** |  | | |
| **Email address** |  | | |
| **Phone number** |  | | |

### About the Respondent(s)

Tell us about each person said to have sexually harassed the aggrieved person(s) in connection with work. We refer to these people as **the Respondents**.We will send a copy of this form to each Respondent. This is so they can understand your side of the case. We will ask each Respondent to tell us their side of the case. If you don’t know all the details, please provide the information you have.

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| **Name of the Respondent(s)** | **Their position or relationship to the aggrieved person** | **Their phone number** | **Their email address** | **Are they aged:**   * **Under 18** * **18 or older** * **Don’t know** | **Does the aggrieved person(s) still work or interact with this person?** (Yes/No) | **Does this person work in the same business or undertaking as the aggrieved person(s)?** (Yes/No)  WarningIf you answer No for anyone,  we need more information on the next page |
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| **Did you write No for any of these people?** Go toquestion 8. We need more information about those people.  **If you answered Yes for everyone**, go to question 9 |

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| WarningOnly answer question 8 if you answered ‘No’ for any of the Respondents in the last column of the table above. |

### If any of the Respondents work for a different business or undertaking to the aggrieved person(s), tell us the information you have about who they work for.

If you don’t know all the details, provide the information that you have. Add more pages if you need to provide details for more than one person. If the respondent is not a worker or you don’t know who a Respondent works for, for example because they are a customer, client or patient, you can leave this question blank.

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| --- | --- | --- | --- |
| **Name of the Respondent** |  | | |
| **Details of their work** | | | |
| **Legal name of their employer/principal** |  | | |
| **ACN (if a company) and/or ABN** |  | | |
| **Street address or PO Box** |  | | |
| **Suburb** |  | | |
| **State or territory** |  | **Postcode** |  |
| **Contact person for the employer/principal** |  | | |
| **Position/role** |  | | |
| **Email address** |  | | |
| **Phone number** |  | | |

## Tell us what happened

### How was the aggrieved person(s) sexually harassed?

Briefly describe the allegations. Tell us:

* What happened?
* Where did it happen?
* Who was involved?
* How long ago did it start happening?
* When was the last time something like this happened?
* Are you worried about it happening again?
* What else do you want us to know?

Attach extra pages if necessary.

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## Employer policies and procedures

### Has the aggrieved person(s) made a complaint to the workplace about sexual harassment?

Yes – go to question 11

No – go to question 14

### Does the workplace have a sexual harassment policy or a procedure for handling complaints, grievances or disputes?

Yes – go to question 12

No – go to question 14

I don’t know – go to question 14

### Do you think the policy or procedure to deal with the complaint has been followed?

Yes – go to question 14

No – go to question 13

I don’t know – go to question 14

### Explain how you think the policy or procedure has not been followed

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## Complaints made elsewhere

### Has a complaint been made about the same alleged sexual harassment to another agency or organisation?

For example, to a state or territory work health and safety regulator (eg WorkCover, WorkSafe), an anti-discrimination tribunal or a court.

Yes – see below

No – go to Part 2 and/or Part 3 (as applicable)

If you answered Yes to this question, this may affect your ability to start this case.

**T**ell us about the complaint made to another agency or organisation. Include the type of complaint, the name of the organisation or agency, when the complaint was made and whether the complaint is still being dealt with and any outcomes.

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## Part 2 – Stop sexual harassment orders

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| Warning Only complete Part 2 if you are seeking a stop sexual harassment order. The Commission can only make a stop sexual harassment order if there is a risk of the aggrieved person continuing to be sexually harassed in connection with work. |

### What do you think needs to happen to stop the alleged sexual harassment from continuing?

The Commission cannot make an order for the payment of money (including compensation) as part of a stop sexual harassment order.

You can find more information about the kind of orders the Commission can make on [our website](https://www.fwc.gov.au/).

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## Part 3 – Otherwise dealing with the dispute

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| Warning Complete Part 3 if you want the Commission to deal with the dispute in addition to, or other than, by making a stop sexual harassment order. The Commission can mediate, conciliate, make a recommendation or express an opinion, and may issue a certificate under section 527R(3) if the dispute cannot be resolved. |

### What outcome are you seeking to settle the dispute?

You can find more information about the Commission’s power to deal with [sexual harassment disputes](https://www.fwc.gov.au/issues-we-help/sexual-harassment) on our website.

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## Part 4 – Is assistance required to access the Commission’s services?

### Is an interpreter needed?

We can arrange to provide information in another format. You can find information about [help for non-English speakers](https://www.fwc.gov.au/about-us/contact-us/help-your-language) on our website.

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Yes – What language?

No

### Does someone involved in the case need any special assistance at a conference or hearing (eg due to sight or hearing difficulties)?

If you answer yes, we will contact you before a hearing or conference to see if there is anything we can reasonably do to assist.

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Yes – What do you need?

No

## Sign your form

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| --- |
| **Privacy** Readthe [Privacy notice](https://www.fwc.gov.au/documents/forms/form-f75-privacy-notice.pdf) to find out what personal information we collect, why we collect it, and what we do with it.  **Disclosure of information** Under section 655 of the *Fair Work Act 2009*, the P**r**esident of the Commission may disclose, or authorise the disclosure of, this application if he or she reasonably believes that the disclosure would be likely to assist in the administration or enforcement of a Commonwealth or state or territory law. |

### Signature

If you are using an electronic signature, insert it below. If you do not have an electronic signature, type your name in the signature box.

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### Name

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|  |

**Date**

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### Capacity/position

Describe your authority to sign this form below – for example, “the aggrieved person” or your role if you are a representative.

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## Consent to contact by researchers

The Commission undertakes research with participants in sexual harassment disputes to ensure a high quality process. Some research may be undertaken by external providers on behalf of the Commission.

Do you consent to your contact details being provided to an external provider of research services for the sole purpose of inviting you to participate in research?

Yes

No