About the F72 application form

# Application for an order to stop bullying

**Complete this form if:**

* you are a worker in a constitutionally-covered business
* you have experienced bullying at work
* there is a risk that the bullying will happen again, and
* you want the Fair Work Commission to make an order to stop it from happening.

You can **find out more** about [bullying at work](https://www.fwc.gov.au/issues-we-help/bullying) on our website.

**This form asks questions about:**

* your employment or engagement and what happened
* how to contact you, and your representative if you have one
* how to contact your employer/principal and each person you say has bullied you at work.

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

## Lodging your completed form

1. **Lodge your application** with the Commission by:

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

2. **Pay the application fee** at the same time as you lodge your application. There is more information at the end of the form. The current application fee is available on the [Lodge an application](https://www.fwc.gov.au/apply-or-lodge/apply-now) page on the Commission’s website.

If paying the fee will cause you serious hardship, you can apply to have the fee waived. You must apply to have the fee waived at the same time as you lodge your application. Download a copy of the [Fee waiver form](https://www.fwc.gov.au/form/ask-waive-application-fee-form-f80) from the Commission’s website.

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| WarningWe will send a copy of this form (and any attachments) to the other people in this case. This includes:   * your employer or principal * the people you name in the form as having engaged in bullying behaviour, 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 ask them to 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 you need to do 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 to find information about [bullying at work](https://www.fwc.gov.au/issues-we-help/bullying).

# Form F72 – Application for an order to stop bullying at work

[Fair Work Act 2009](https://www.legislation.gov.au/C2009A00028/latest/text), s.789FC

This is an application to the Fair Work Commission (the Commission) for an order to stop bullying at work under Part 6-4B of the [Fair Work Act 2009](https://www.legislation.gov.au/C2009A00028/latest/text).

### The Applicant (you)

This is information about you. Please provide a telephone number. It is important that we can contact you so that we can deal with your application.

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

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

**Note:** If you give us a mobile number, we may send you reminders by SMS.

### Do you need an interpreter?

If you have trouble accessing this information, please contact us. We can arrange to provide it 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

### Do you need any special assistance at a conference or hearing (e.g. do you have 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 you.

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[ ] Yes – What do you need?

[ ] No

### Do you have a representative?

A **representative** is a person who speaks for you in your case, such as a lawyer, a union official or a paid agent. 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 5

[ ] **Yes** I have a representative – Fill in their contact details below

You will need permission to be represented by a lawyer or paid agent if 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 has more [information about permission to be represented](https://www.fwc.gov.au/representation-lawyers-and-paid-agents).

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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  [ ] No | | |

### Your employer/principal

Tell us the details of the person or organisation that employs or engages you.

If you are an independent contractor, this is the person or organisation that has contracted your services. During the case, we will call them the **principal**.

**We will send a copy of this form to your employer/principal** and ask them to respond to your claim.

You can generally find the legal name of your employer/principal on a pay slip, PAYG payment summary, remittance advice, letter of appointment or employment contract. You can use the [Australian Business Register](https://abr.business.gov.au/) website to look up an ABN.

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| **Details of employer/principal** | | | |
| **Legal name** |  | | |
| **ACN (if a company) and ABN** |  | | |
| **Contact person** | | | |
| **Title** | [ ] Mr [ ] Mrs [ ] Ms [ ] Other please specify: | | |
| **Name** |  | | |
| **Position/role** |  | | |
| **Email address** |  | | |
| **Phone number** |  | | |
| **Address of employer/principal** | | | |
| **Street address or PO Box** |  | | |
| **Suburb** |  | | |
| **State or territory** |  | **Postcode** |  |

### WarningTell us how to contact each person you say has bullied you at work

We will send a copy of this form to each person you name in this table. This is so they can understand your side of the case. We will ask each person to tell us their side of the case. If you don’t know all the details, please provide the information that you have.

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| **Name of the person you say has bullied you at work** | **Their position** | **Their phone number** | **Their email address** | **Are they aged:**   * **Under 18** * **18 or older** * **Don’t know** | **Do you still work or interact with this person at work?** (Yes/No) | **Does this person work for your employer/principal?** (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 7. We need more details about those people.  **If you answered Yes for everyone**, go to question 8 |

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| WarningOnly answer question 7 if you answered ‘No’ for any of the people in the last column of the table above. |

### If any of the people you have named above work for a different employer or principal to you, tell us about their employer/principal.

If you engage with the people named above through their work, we may need to contact their employer/principal. For example, this might be because the person works as a contractor in your workplace, or is a regular visitor to the workplace.

Fill in as many details about their employer/principal as you can. 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.

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| **Name of the person you say has bullied you at work** |  | | |
| **Details of their employer/principal** | | | |
| **Legal name** |  | | |
| **ACN (if a company) and ABN** |  | | |
| **Contact person for their employer/principal** | | | |
| **Title** | [ ] Mr [ ] Mrs [ ] Ms [ ] Other please specify: | | |
| **Name** |  | | |
| **Position/role** |  | | |
| **Email address** |  | | |
| **Phone number** |  | | |
| **Address for their employer/principal** | | | |
| **Street address or PO Box** |  | | |
| **Suburb** |  | | |
| **State or territory** |  | **Postcode** |  |

## Your employment or engagement

### What type of worker are you?

I am:

[ ] an employee

[ ] a contractor or subcontractor

[ ] an outworker

[ ] an on-hire worker (including labour hire)

[ ] an apprentice or trainee

[ ] a student gaining work experience

[ ] a volunteer

[ ] other (please specify)

### Are you still employed or engaged at the workplace where the alleged bullying has been occurring?

The Commission can only make an order to stop bullying if there is a risk that you will continue to be bullied at work. If you no longer have a connection to the workplace where you say the behaviour took place, you may need to seek independent advice before continuing with your application.

[ ] Yes – go to question 10

[ ] No – go to question 11

### Are you currently working?

[ ] Yes

[ ] No

If you answered No to this question, tell us why you are not currently working (for example, you are on leave or absent on worker’s compensation, or you have been stood down or suspended from work).

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## Tell us what happened

### How were you bullied at work?

Briefly describe the behaviour. Tell us:

* What happened?
* Where did it happen?
* Who was involved?
* How many times has this behaviour happened?
* How long ago did it start happening?
* When was the last time it 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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### Tell us how the behaviour you have described in question 11 creates a risk to health and safety.

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## Performance management or disciplinary action

### Have you been told that you are not performing your duties to the required standard or that you are facing disciplinary action?

[ ] Yes – see below

[ ] No – Go to question 14

### If you answered Yes to this question, describe the performance or disciplinary process you are involved in

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## Workplace policies and procedures

### Have you made a formal complaint to the workplace about bullying?

[ ] Yes – go to question 15

[ ] No – go to question 17

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

[ ] Yes – go to question 16

[ ] No – go to question 17

[ ] I don’t know – go to question 17

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

[ ] Yes – go to question 17

[ ] No – see below

### If you answered No to this question, explain why you think the policy or procedure has not been followed.

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## Complaints made elsewhere

### Have you made a complaint about bullying at work to another agency or organisation?

For example, to your state or territory Work Health and Safety regulator (eg WorkCover, WorkSafe), an anti-discrimination tribunal or a court.

[ ] Yes – see below

[ ] No – go to question 18

### If you answered Yes to this question, describe the complaint made to another agency or organization.

Include the type of complaint, the name of the organisation or agency you lodged your complaint with, when it was made, whether the complaint is still being dealt with and any outcomes.

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## Orders

### What do you think needs to happen to stop the alleged bullying?

The Commission can’t make an order for the payment of money (including compensation). You can find more information about the kind of orders the Commission can make in our [Stop bullying Benchbook](https://www.fwc.gov.au/benchbook/stop-bullying-benchbook) and on [our website](https://www.fwc.gov.au/issues-we-help/bullying).

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## Sign your form

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| **Privacy** Readthe [Privacy notice](https://www.fwc.gov.au/documents/forms/Form_F72-privacy.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 can use an electronic signature, please insert it below. If you do not have an electronic signature, you can type your name in the signature box.

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### Name

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**Date**

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### Capacity/position

Leave this blank if you are the worker who has applied for an order to stop bullying. If you are signing on behalf of the Applicant, write your role here.

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## Consent to contact by researchers

The Commission undertakes research with participants in cases about bullying at work 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

## Pay the fee

There is a fee to lodge this form. The current application fee is available on the [Fees and costs](https://www.fwc.gov.au/apply-or-lodge/fees-and-costs) page on the Commission’s website [www.fwc.gov.au](http://www.fwc.gov.au). The fee must be paid for your application to progress, unless you have applied to waive the fee and this has been approved (see below).

I am paying by:

[ ] **Credit card** We will call you for payment after we receive your form.

[ ] **Cheque or money order** Pleasemake it payable to the Collector of Public Monies, FWC. Send it to us at the same time as you send us this form.

[ ] **Cash** Pleasepay in person at your nearest [Commission office](https://www.fwc.gov.au/about-us/contact-us).

**If you can’t afford to pay the fee**, you can ask that it be waived. Download and complete the [Fee waiver form](https://www.fwc.gov.au/form/ask-waive-application-fee-form-f80). Send it to us at the same time as you send us this form.

[ ] I will pay the fee or I have included the fee waiver application with my form

[ ] My representative will be paying the fee