Fair Work Commission

About the F72A application form

Application for an order to stop sexual harassment that commenced prior to 6 March 2023

Complete this form if:

- you are a worker in a constitutionally-covered business,
- you have experienced sexual harassment at work that happened or started prior to 6 March 2023,
- there is a risk that the sexual harassment 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 sexual harassment at work on our website.

You may need to use another form:

- If the sexual harassment happened or started after 6 March 2023, you should apply to the Commission using the F75 application form – Application for the Fair Work Commission to deal with a sexual harassment dispute.
- If you want to make an application that relates to bullying behaviour, you should apply to the Commission using the F72 application form – Application for an order to stop bullying.

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 sexually harassed 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 WDT@fwc.gov.au or
   - post or in person at the Commission's office in your state or territory.

- 2. **Pay your 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 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 the waiver form from the Commission's website.

We will send a copy of this form to the other people in this case, as well as any attachments.

This includes:

- your employer or principal
- the people you name in the form as having engaged in sexual harassment, 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 then ask them for their side of the case. 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 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 or for more about sexual harassment at work.

Form F72A – Application for an order to stop sexual harassment that commenced prior to 6 March 2023

Fair Work Act 2009, s.789FC, Fair Work Commission Rules 2024, Schedule 1

This is an application to the Fair Work Commission (the Commission) for an order to sexual harassment under Part 6-4B of the Fair Work Act 2009.

About you (the Applicant)

1. 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. We will send a copy of this form to the other people in this case so that they can understand your side of the case and respond. We will **not** give them your postal address. If you are concerned about any of your other contact details being provided to the other people in the case, please contact us.

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 information about how to find legal services.

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.

2. 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 your pay slips, PAYG payment summary, appointment letter or employment contract. You can use the Australian Business Register website to find their ABN.

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**	

3. 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 on our website.

☐ Yes – What language?

☐ No

4. Do you need any special assistance at a conference or hearing (eg 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.

☐Yes – What do you need?

☐ No

5. Do you have a representative?

A **representative** is a person who speaks for you in your case, such as a lawyer, a union official, a paid agent or a not-for-profit association or body that provides support, advice or advocacy in relation to employment matters. You don't need to have a representative. You can read more about whether or not to have a representative 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 do 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 explains when you need to ask for permission to be represented. Our Benchbook describes how we decide whether we will give permission.

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	

6. Tell us how to contact each person you say has sexually harassed 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.

Name of the person you say has sexually harassed 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) If you answer No for anyone, we need more information on the next page

Did you write No for any of these people? Go to question 8. We need more information details about those people.

If you answered Yes for everyone, go to question 9

Only answer question 7 if you answered 'No' for any of the people in the last column of the table above.

7. 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, leave those parts blank.

Add more pages if you need to provide details for more than one person.

Name of the person you say has sexually harassed 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			
Postal address for their employer/principal			
Street address or PO Box			
Suburb			
State or territory		**Postcode**	

Your employment or engagement

8. 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)

9. Are you still employed or engaged at the workplace where the alleged sexual harassment has been occurring?

The Commission can only make an order to stop sexual harassment if there is a risk that you will continue to be sexually harassed 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

10. 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).

Tell us what happened

11. How were you sexually harassed?

Briefly describe the behaviour. Tell us:

- What happened?
- Where did it happen?
- How many times has this behaviour happened?
- How long ago did this behaviour start happening?
- When was the last time this behaviour happened?
- Are you worried about it happening again?
- What else do you want us to know?

Attach extra pages if necessary.

Workplace policies and procedures

12. Have you made a formal complaint about the sexual harassment?

☐ Yes – go to question 13

☐ No – go to question 15

13. Does the workplace have a sexual harassment policy or procedure for handling grievances or disputes?

☐ Yes – go to question 14

☐ No – go to question 15

☐ I don't know – go to question 15

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

☐ Yes – go to question 15

☐ No – see below

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

Complaints made elsewhere

15. Have you made a complaint about the alleged behaviour to another agency or organisation?

For example, to your state or territory Work Health and Safety regulator (eg WorkCover, WorkSafe), the police etc.

☐ Yes – see below

☐ No – go to question 16

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

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.

Orders

16. What do you think needs to happen to stop the alleged sexual harassment?

The Commission can't make an order for the payment of money (compensation). You can find more information about the kind of orders the Commission can make in our Sexual Harassment Benchbook and our website.

Sign your form

Privacy Read the Privacy notice 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 President 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.

Name

Date

Capacity/position

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

Consent to contact by researchers

The Commission undertakes research with participants in sexual harassment matters 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 page on the Commission's website 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** Please make it payable to the Collector of Public Monies, FWC. Send it to us at the same time as you send us this form.
- ☐ **Cash** Please pay in person at your nearest Commission office.

If you can't afford to pay the fee, you can ask that it be waived. Download and complete the Fee waiver form. 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