Form P96

Response (EQUAL OPPORTUNITY)

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| **Case Number** |  |

### About this form

* This is a response to a complaint lodged under the *Equal Opportunity Act 1984*.
* This form must be completed by the Respondent within 21 days of being served with a copy of the Details of Complaint and lodged at the South Australian Employment Tribunal.
* A copy of the completed form must be sent by the Respondent to the Complainant and the Commissioner for Equal Opportunity (GPO Box 464, Adelaide SA 5001 or eoc@agd.sa.gov.au).
* Submitting an incomplete form (including any relevant supporting documents) may result in delays.

### **PARTIES**

|  |  |
| --- | --- |
| Complainant |  |
| Respondent |  |

### **DETAILS OF THE RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation | *(If corporate entity include full name/trading name if applicable)* | | |
| Trading address or registered office |  | | |
| Address Street 1 |  | | |
| Street 2 |  | | |
| Suburb |  | State |  |
| Postcode |  | Country |  |
| Employer’s contact person | Mr  Mrs  Miss  Ms  Other (specify): | | |
| First name |  | Last name |  |
| Email |  | | |
| Telephone |  | Mobile |  |
| Mailing address (if different from above |  | | |
| Is an interpreter required? | No  Yes, language/dialect: | | |
| Is anyone representing you? | No  Yes. Please specify below | | |

### **REPRESENTATIVE DETAIL (if required)**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation |  | | |
| Contact First name |  | Last name |  |
| Email |  | | |
| Telephone |  | Mobile |  |
| Address Street 1 |  | | |
| Street 2 |  | | |
| Suburb |  | State |  |
| Postcode |  | Country |  |

# RESPONSE TO THE ALLEGATIONS

Set out here in numbered paragraphs a concise statement of the response to each material fact alleged by the Complainant:

|  |
| --- |
| 1. … 2. … |

# legal defence

Set out here in numbered paragraphs any legal defence you rely upon:

|  |
| --- |
| 1. … 2. … |

# Declaration

I declare that all the facts in this response are correct to the best of my knowledge and belief.

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
|  | □ Respondent  □ Representative |
| Date |  |

# LODGING YOUR COMPLETED FORM

The person lodging this form at the South Australian Employment Tribunal must also send a copy to the Complainant and the Commissioner for Equal Opportunity (GPO Box 464, Adelaide SA 5001 or eoc@agd.sa.gov.au).

|  |  |
| --- | --- |
| Name of person lodging |  |
| Signature |  |
| Date |  |

Please lodge this form, together with any accompanying documents, with the South Australian Employment Tribunal:

Email: [saet@sa.gov.au](mailto:saet@sa.gov.au)  
Post: PO Box 3636, Rundle Mall, SA, 5000  
In person: Level 6, Riverside Centre, North Terrace, Adelaide, 5000

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| **PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS** |