



## Change or suppression report form

Under the *Change or Suppression (Conversion) Practices Prohibition Act 2021*, the Victorian Equal Opportunity and Human Rights Commission receives reports about change or suppression practices from any person.

The Commission will determine the most appropriate response to a report depending on the information available. Any response or action will always consider the wishes and needs of the person affected. A reporter can request the following outcomes of their report:

- facilitation of an outcome
- targeted education
- investigation.

Details about these options and how much ongoing input from the person affected is required can be found on our website: <https://www.humanrights.vic.gov.au/change-or-suppression-practices/reporting-practices/>

In some circumstances we may not be able to respond to a report and we will provide reasons why. A person may also wish to simply report and seek no further action.

Personal information provided in a report will be used and stored in accordance with the *Privacy and Data Protection Act 2014 (Vic)*.

Are you making this report on behalf of someone else? Yes No

### If yes, your contact information

*Note: if you wish to remain anonymous and for no further action be taken with this report, insert 'anon' for first name and surname.*

Organisation details (if relevant): \_\_\_\_\_

Pronouns: \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

### Your address

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

### Your preferred method of contact

Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

What is your relationship to the person affected?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## About the person affected

### Person affected details

Organisation details (if relevant): \_\_\_\_\_

Pronouns: \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

### Address

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

### Preferred method of contact

Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to be identified as a person of Aboriginal decent  Yes  No

I wish to be identified as a person of Torres Strait Islander decent  Yes  No

I wish to be identified as a person with a disability  Yes  No

Do you require any adjustments to enable you to communicate with us (interpreter, national relay, accessible documents)?  Yes  No

### Who are you reporting?

Reported party type:  Organisation  Individual

#### If organisation:

Organisation name: \_\_\_\_\_

Address (if known): \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Email (if known): \_\_\_\_\_

Phone (if known): \_\_\_\_\_

#### If individual:

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

State: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email (if known): \_\_\_\_\_  
Phone (if known): \_\_\_\_\_

What is your (or the person affected) connection to the respondent?

e.g. Are they your community member/leader, faith leader, family member, Chaplain, health professional/counsellor/psychologist?

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### What happened?

Provide why you believe the conversion practice (change or suppression practice) was due to your sexual orientation or gender identity. This could include details of what occurred, where and by who. Put as much information as you are comfortable sharing.

*(If not enough space please attach any extra pages).*

### When did this occur?

*(If you are unable to remember the specific date, please include an approximate date(s)).*

## Outcome

What outcome would you like to see take place?

- No action, reporting only
- Targeted education for reported party
- Facilitation between me and the reported party
- Investigation of the reported party
- Referral to another reporting agency

Would you like information about support services?  Yes  No

If you wish to remain anonymous and would like a referral to a support service, call us on 1300 292 153.

## How did you find out about the Commission?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Community Reporting Tool                | <input type="checkbox"/> Don't wish to disclose         | <input type="checkbox"/> Prior complaint     |
| <input type="checkbox"/> Commission education session            | <input type="checkbox"/> Fair Work Commission/Ombudsman | <input type="checkbox"/> Social media        |
| <input type="checkbox"/> Commission enquiry line                 | <input type="checkbox"/> Internet search                | <input type="checkbox"/> Union               |
| <input type="checkbox"/> Commission publication                  | <input type="checkbox"/> JobWatch                       | <input type="checkbox"/> Word of mouth       |
| <input type="checkbox"/> Community event                         | <input type="checkbox"/> Law firm                       | <input type="checkbox"/> WorkSafe            |
| <input type="checkbox"/> Disability discrimination legal service | <input type="checkbox"/> Legal aid                      | <input type="checkbox"/> Victorian Ombudsman |
|  | <input type="checkbox"/> Newspaper/radio/TV             |  |
|  | <input type="checkbox"/> Other                          |  |

Please send your completed report form to: [cos.reports@veohrc.vic.gov.au](mailto:cos.reports@veohrc.vic.gov.au)