# Form F2 – Unfair dismissal application

Fair Work Act 2009, s.394

This is an application to the Fair Work Commission (the Commission) for an unfair dismissal remedy under Part 3-2 of the Fair Work Act 2009.

## The Applicant (you)



These are your details. Please make sure you provide a telephone number for the conciliation conference.

Title	[x]Mr[]Mrs[]	[x]Mr[]Mrs[]Ms[]Other please specify:		
First name(s)	Umberto	Umberto		
Surname	D'Avanzo			
Postal address	58 Sample Street			
Suburb	Parramatta			
State or territory	NSW	Postcode	2124	
Phone number	02 8000 0000	Fax number		
Mobile number	0499 555 222			
Email address	umberto@mail.com			

**Note:** If you provide a mobile number the Commission may send reminders to you via 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 <u>help for non-English speakers</u> on our website.

<u> </u>			
[ ] Yes – Specify language			
[ x ] No			
Do you need any special assistance at the	•	ce (eg a hearing loop)?	
[ ] Yes – Please specify the assistar	ice required		
[x ] No			

#### Do you have a representative?

Ü	A representative is a person or organisation who is representing you. This might be a lawyer or paid agent, a union or a family member or friend. There is no requirement to have a representative.
[	] Yes – Provide representative's details below
[ :	x ] No

#### Your representative

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These are the details of the person or organisation who is representing you (if any).

Name of person		
Firm, union or company		
Postal address		
Suburb		
State or territory	Postcode	
Phone number	Fax number	
Email address		
Is your representative a lawyer or paid  [ ] Yes [ ] No	agent?	

## The Respondent (the employer)



These are the details of the employer that dismissed you.

You should provide the legal name of the employer. The legal name is **not** the trading name or business name of the employer. The employer will usually be a person or a company (with a name ending in Pty Ltd or Ltd), or in some instances a partnership, an incorporated association, or a public sector employer. Your pay slips, PAYG payment summary, appointment letter or employment contract should give the legal name of the employer.

Note that the Commission will send a copy of your application to the contact person you name below.

Legal name of employer	Left Right Out Industries Pty Ltd
Employer's ACN (if a company)	12 345 678 901
ABN	
Contact person	Wayne Manager, Human Resources Manager

Postal address	100 Example Ro	100 Example Road		
Suburb	Sydney	Sydney		
State or territory	NSW	Postcode	2000	
Phone number	02 9000 0000	Fax number		
Email address	w.manager@left	rightout.com.au		

## 1. Your employment

1.1	What date did you begin working for the employer?
1:	3 August 2021

1.2 Where did you work for the employe	r?
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Primary workplace/worksite street address			
Suburb			
State or Territory		Postcode	

1.3	To the best of your knowledge, how many employees were employed in your workplace
when	you were dismissed?

[	] 1-14
[	] 15-49
[	] 50-99
[	] 100 or more
[	] I don't know

1.4 What date were you notified of your dismissal?

7 January 2023		

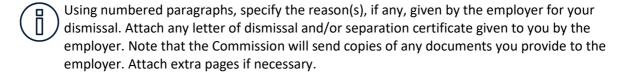
1.5 What date did your dismissal take effect?

13 January 2023			

1.6	Are you making this application within 21 calendar days of your dismissal taking effect?				
	[ X] Yes				
	[ ] No				
the c	If you answered <b>No</b> – Explain the reason for the delay, including any steps you have taken to dispute the dismissal or any other reason you think the Commission should take into account in considering whether to accept your application out of time.				
1.7	Have you made another claim to the Commission or to any other organisation regarding your dismissal (eg a general protections application)?				
	The Commission cannot consider your unfair dismissal application if you have made another claim in relation to the dismissal, for example if you have made a general protections application in relation to the dismissal or a complaint to the Human Rights Commission in relation to the dismissal. If you answer yes to this question, you will need to decide which claim is the most appropriate one. If you are unsure which is the best option for you, read the where to get help section in the cover sheet of this form.				
	[ ] Yes				
	[ X ] No				
2. R	emedy				
2.1	What outcome are you seeking by lodging this application?				
1	Reinstatement to my position. Compensation.				

#### 3. Dismissal

#### 3.1 What were the reasons for the dismissal, if any, given by the employer?



- 1. The Human Resources Manager called me into a meeting on 7 January 2023 and told me that there had been complaints about my work. I was told that my work was not as good as it should be.
- 2. I was given a letter that said this and I have attached a copy. The letter said that I would be dismissed, and my last day of work would be 13 January 2023.

#### 3.2 Why was the dismissal unfair?

- Using numbered paragraphs, describe the relevant facts and circumstances and specify why you say the dismissal was unfair. This should include:
  - your response to any reasons for dismissal given by the employer
  - whether you were counselled or warned by the employer of any deficiencies in your performance or conduct and the circumstances of each counselling session or warning
  - why you believe the dismissal was unfair.
- 1. I think the dismissal was unfair because I was not told there were any problems with my work or given any warnings before the meeting on 7 January 2023.
- 2. There is no system of performance review meetings at Left Right Out. I did have meetings with my supervisor, Jo Small on 5 July 2022 and 16 December 2022. In those meetings I was told that my work was good and there were no problems.
- 3. I was not given a chance to respond to the complaints that were made. I was also not given any time to fix any problems.
- 4. I have worked for Left Right Out since August 2021. Before the 7 January 2023 meeting I had never had any problems at work.

Attach additional pages if necessary.

#### Disclosure of information

The Commission will provide a copy of this application and any attachments to the other parties in this matter. This includes:

- the employer
- any legal representatives.

### Consent to contact by researchers

The Commission undertakes research with participants in unfair dismissal matters to ensure a high quality process. Some research may be undertaken by external providers.

Do you consent to the contact details provided on page 1 of this form being provided to an external provider of research services for the sole purpose of inviting you to participate in this research?

[	]	Yes
[X	1	No

## **Signature**



If you are completing this form electronically and you do not have an electronic signature you can attach, it is sufficient to type your name in the signature field. You must still complete all the fields below.

Signature	Umberto D'Avanzo
Name	Umberto D'Avanzo
Capacity/Position	Applicant
Date	16 January 2023



If you are not the Applicant and are completing and signing this form on the Applicant's behalf, include an explanation of your authority to do so in the Capacity/Position section above.

#### PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS

## **Application fee**

Your name:	Umberto D'Avanzo
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The current application fee is available on the <u>Lodge an application</u> page on the Commission's website <u>www.fwc.gov.au</u>.

The Fair Work Act 2009 requires a fee to be paid on lodgment of this application with the Commission. Where applicable, any refund of the application fee will be forwarded by cheque to you at the address provided on this application form.

## **Financial hardship**

If paying the fee will cause you financial hardship, you can apply to have the fee waived. If you are applying to have the fee waived you must complete and lodge the Fee Waiver form at the same time as you lodge your application. Note that the Commission will not forward a copy of the Fee Waiver form to the employer. The <a href="Fee waiver form">Fee waiver form</a> can be downloaded from the Commission website <a href="https://www.fwc.gov.au">www.fwc.gov.au</a>.

## **Payment options**

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] I have completed the Fee Waiver form and have attached it to my application.				
] I am paying by cash – Cash payments can only be made in person at one of the Commission offices. Payment should be made at the same time as the application is lodged.				
[X] I have attached a cheque or money order to this application – Cheques and money orders should be made payable to the Collector of Public Monies, FWC. Please note that the cheque or money order must be for the exact amount of the application fee, if it is not it may cause the processing of your application to be delayed.				
[ ] I am paying by cre	dit card – Please see below	:		
If paying by credit card, please provide the payer details below and a Commission officer will contact the payer within 3 business days from the date of lodgment.				
Payer details				
Who is making the payment?				
[x] You	[ ] Your representative [ ] Other—Please complete the debelow		ner—Please complete the details	
Full name of payer	Umberto D'Avanzo			
Postal address	58 Sample Street			
Phone number	02 8000 0000	Email address	umberto@mail.com	
PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS				