

7 April 2025

Mr Robert Thorpe

via e-mail: [bunjilfire@gmail.com](mailto:bunjilfire@gmail.com)

Dear Mr Thorpe,

**Beginning of dispute resolution under the Equal Opportunity Act 2010**

**Reference number:** 2025/04/0077

The Victorian Equal Opportunity and Human Rights Commission has received your complaint of political belief or activity and race discrimination in the area of goods and services against Supreme Court of Victoria and Rod Ratcliffe.

Your complaint has been allocated to a Conciliator, Cathy Hobson, who will be in contact with you this week to discuss next steps in the proceed.

In the meantime, I have enclosed sections of the Act which appear to be relevant.

The Commission is committed to providing a timely, fair, and accessible dispute resolution service. To assist us to achieve these aims, we would appreciate you taking the time to complete the survey that is enclosed with this letter. Once completed could you please return the survey to us via e-mail at [complaints@veohrc.vic.gov.au](mailto:complaints@veohrc.vic.gov.au). The information you give will help us plan our work and provide you with a better service. When using the information that you provide, names and addresses will remain confidential.

Completing the survey is voluntary. If you do not complete the survey, it will not affect the way in which we deal with this complaint.

If you have any questions in the meantime, please contact the Complaints Co-ordinator via e-mail at [complaints@veohrc.vic.gov.au](mailto:complaints@veohrc.vic.gov.au).

Yours sincerely,



**Michelle Mead PSM**

Head of Dispute Resolution

# DISPUTE RESOLUTION UNIT SURVEY FORM

**Date Sent:** Monday, 07 April 2025

**Complaint Ref:** 2025/04/0077

Your answers to the following questions will provide information for research purposes and will assist us to provide a better dispute resolution service. You do not have to complete this form, and you can choose whether you fill out some or all of the boxes. Please note that in using the information you provide; your name and address will remain confidential.

Please tick the box that applies to you and if relevant, provide other details.

## 1. Is assistance required to proceed with the complaint?

- No
- Yes, language interpreter (oral) – which language?  
\_\_\_\_\_
- Yes, sign language interpreter / TTY
- TTY only
- National Relay Service
- Assistance with writing
- Other assistance / aid needed – please specify:  
\_\_\_\_\_

## 2. How did you find out about the Commission?

- Friends / Family
- Newspaper
- Web search
- Training Session
- Media (*Press*)
- Word of Mouth
- Media (*Social*)

## 3. What age bracket are you?

- 0-9
- 50-59
- 10-19
- 60-69
- 20-29
- 70-79
- 30-39
- 80+
- 40-49

#### 4. What is your country of origin?

What is your country of birth? \_\_\_\_\_

Please list the main language spoken in the home: \_\_\_\_\_

#### 5. Sex:

- |  |  |
|--|--|
| <input type="checkbox"/> Female        | <input type="checkbox"/> Male              |
| <input type="checkbox"/> Indeterminate | <input type="checkbox"/> Unspecified       |
| <input type="checkbox"/> Intersex      | <input type="checkbox"/> Prefer not to say |

#### 6. Do you identify as:

- Aboriginal
- Torres Strait Islander
- Neither
- Prefer not to say

#### 7. Do you identify as:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Bisexual     | <input type="checkbox"/> Lesbian           |
| <input type="checkbox"/> Gay          | <input type="checkbox"/> Transgender       |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Prefer not to say |

#### 8. Do you have a disability? *If multiple, please choose only your primary disability*

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Sensory            |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Short-term illness |
| <input type="checkbox"/> Physical     | <input type="checkbox"/> Work- related      |
| <input type="checkbox"/> Psychiatric  | <input type="checkbox"/> Work Cover         |

#### 9. Religion

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Buddhism     | <input type="checkbox"/> Judaism                        |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> No religion                    |
| <input type="checkbox"/> Hinduism     | <input type="checkbox"/> Other ( <i>specify</i> ) _____ |
| <input type="checkbox"/> Islam        | <input type="checkbox"/> Prefer not to say              |

## 10. Personal Status

- |   |  |
|---|--|
| <input type="checkbox"/> Casual employee        | <input type="checkbox"/> Self employed             |
| <input type="checkbox"/> Family business unpaid | <input type="checkbox"/> Social security recipient |
| <input type="checkbox"/> Full-time employee     | <input type="checkbox"/> Student                   |
| <input type="checkbox"/> Homeless               | <input type="checkbox"/> Un-employed               |
| <input type="checkbox"/> Homeless employed      | <input type="checkbox"/> Volunteer                 |
| <input type="checkbox"/> Part-time employee     | <input type="checkbox"/> Prefer not to say         |
| <input type="checkbox"/> Retired                |  |