

**Statement**  
*Unfair Dismissal Claim*

**BEFORE THE INDUSTRIAL RELATIONS COMMISSION  
OF NEW SOUTH WALES**

**No. IRC                      of**

\_\_\_\_\_  
(Applicant)

and

\_\_\_\_\_  
(Respondent)

I, \_\_\_\_\_,  
*[Full name of person making the statement]*

of, \_\_\_\_\_,  
*[Residential address of person making the statement]*

\_\_\_\_\_  
*[Occupation of person making the statement]*

make the following statement:  
*[If you require additional space continue typing on blank page]*

- 1.
- 2.
- 3.

**STATEMENT**  
**Unfair Dismissal Claim**

**Filed by:**

**Contact Name:**

**Address:**

**Telephone:**

**Facsimile:**

**DX:**

*[You should sign and date the last page of the statement]*