



*An institution set up under the Equal Opportunities Act (EOA) 2008 as subsequently amended.  
The EOC's objectives are inter-alia, to promote equal opportunity between persons, prevent  
discrimination, victimisation and harassment as provided for by the EOA.*

**COMPLAINT FORM**

**PARTICULARS OF COMPLAINANT**

*(To be filled in by the complainant or the person assisting him/her)*

1. Full Name (Mr/Mrs/Miss): .....
2. National Identity Card Number: .....  
*(please attach photocopy)*
3. Address: .....  
.....
4. Occupation: .....
5. Telephone (Home): ..... (Work): .....
6. Mobile: ..... Fax: .....
7. Email: .....

**PARTICULARS OF RESPONDENT(S)**  
**Alleged Discriminator(s)**

1. Name of person(s)/ organisation(s) complained against:  
.....
2. Address: .....
3. Tel: ..... Fax: .....
4. Email: .....
5. Relationship to complainant (aggrieved person): .....  
.....



**2. Why according to you did the respondent(s) act in such a way?**

---

---

---

---

---

---

---

**3. How has this problem affected you? What prejudice have you experienced and what would you like us to do following this complaint?**

---

---

---

---

---

---

---

---

**4. Do you have any witness(es)?**      Yes      No

If Yes, please specify their names and respective contact address:

---

---

---

---

**5. Other Institutions**

Have you submitted a complaint against the same person/organisation in relation to the same facts to another institution/court?      Yes      No

If **Yes**, please specify the name of the institution(s) and the date of the complaint. (*Annex photocopies of same*)

---

---

---

**6. Any other relevant information you would like to provide?**

---

---

---

---

---

**7. Documents**

Please attach copies of all relevant documents. If you cannot provide same, kindly inform us where they may be obtained from.

---

---

---

---

I hereby declare that I am making this complaint in good faith and that the facts contained therein are true and correct and regarding which I assume full responsibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Send this complaint form to:**

**The Secretary,  
Equal Opportunities Commission,  
1<sup>st</sup> Floor, Belmont House,  
Intendance Street, Port Louis.**

For further information, please contact the Equal Opportunities Commission on 201 1074/ 201 3502. You are advised to access our website **eoc.govmu.org** wherein reference is made to the Equal Opportunities Act 2008 (as amended) before filling this complaint form. You can also fax your complaint form on 2013408 or email it on **eoc@govmu.org**.