



An institution set up under the Equal Opportunities Act 2008

COMPLAINT FORM

PARTICULARS OF COMPLAINANT
(To be filled in by the complainant or the person assisting him/her)

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

PARTICULARS OF RESPONDENT(S)
Alleged Discriminator(s)

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

Equal Opportunities Commission
1st Floor, Belmont House, Intendance Street, Port-Louis, Mauritius
Tel: 201-1074; Fax: 201-3408; Email: eoc@govmu.org

1. Status of Complainant

(a) On what ground/s do you think you have been discriminated against? Please tick the box that applies.

- | | | |
|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Ethnic Origin | <input type="checkbox"/> Political Opinion |
| <input type="checkbox"/> Caste | <input type="checkbox"/> Impairment | <input type="checkbox"/> Race |
| <input type="checkbox"/> Colour | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Place of Origin | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Criminal Record | | |

(b) Explain exactly what happened and the circumstances that led to same. (Be brief and precise). If you need more space, please use additional sheets of paper which must be duly numbered and signed by you.

(Please refer to Section 2 of the Equal Opportunities Act 2008 for particulars.)

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(s) of the institution(s) and the date(s) of the complaint.

(Please 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,
1st 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 before filling this complaint form. You can also fax your complaint form on 201-3408 or email it on eoc@govmu.org.