

EE.1 EMPLOYMENT EQUALITY ACTS**COMPLAINT TO THE EQUALITY TRIBUNAL OF DISCRIMINATION
RELATING TO EMPLOYMENT**

Before you begin to fill the form please read the notes supplied then complete this form in BLOCK CAPITALS.

Received Stamp (Office use only)

CASE REF:

1. Details of person making the complaint
(see note 1)**First Name:****Surname:****Address:**

.....

.....

Phone Number:**Email Address:***Please ensure you notify the Tribunal of any change.***2. Do you have a representative?** (see note 2)☐ Yes ☐ No

If yes please complete:

Name:**Address:**

.....

.....

Phone Number:**3. Organisation / Company / Person you are complaining about**

(see note 3)

Organisation/Company/Person:

.....

Address:

.....

.....

Phone Number:**Fax Number:****Email Address (if known):**

.....

4. I say that I have been discriminated against by reason of my

(see note 4)

☐ gender☐ sexual orientation☐ disability☐ marital status☐ religion☐ race☐ family status☐ age☐ membership of the Traveller community**5. I say the respondent treated me unlawfully by: tick box(es) as appropriate**

(see note 5)

Discriminating against me in:☐ - getting a job☐ - promoting me☐ - giving me training☐ - conditions of employment☐ - other☐ Dismissing me for
discriminatory reasons☐ Harassing me☐ Sexually harassing me☐ Victimising me☐ Dismissing me because I
opposed discrimination☐ Failing to give me "reasonable
accommodation" for a disability

6. Are you claiming equal pay with someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of the person with whom you are claiming equal pay (the “comparator”): <div style="text-align: right;">(see note 6)</div>	Name of Comparator:
7. Are you claiming a collective agreement contains discriminatory provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copy of agreement and mark the sections you think are discriminatory (see note 7)	
8. Details of complaint (other than equal pay) (see note 8) Last date of discrimination: And, if applicable, the date you left your job or were dismissed: Please set out briefly in your own words what happened, when it happened and where it happened. Please continue on a separate sheet if necessary.	
9. Details of any related complaints (see note 9) If you have made a complaint about the same issues to the Labour Court, the Labour Relations Commission or the Employment Appeals Tribunal, please attach details and current status of that complaint.	
SIGNED: _____ DATE: _____	The completed and signed complaint form should be returned to: The Equality Tribunal, 3 Clonmel Street, Dublin 2. Tel: 01 4774100 Lo call 1890 34 44 24
10. Data protection The Equality Tribunal will treat all information submitted in accordance with the purposes registered under the Data Protection Acts 1988 to 2003.	