

**EQUAL OPPORTUNITIES COMMISSION**  
**1<sup>ST</sup> Floor, Belmont House,**  
**Port Louis, Mauritius**

**COMPLAINT FORM**

**ABOUT YOU**

Your Name: .....

Your Address: .....

Telephone  
(Home): ..... (Work): .....

Mobile: ..... Email: .....

Fax: ..... NIC: .....

Name of person/s/organization complained against: .....

.....

Its/their address: .....

.....

Telephone: .....

What is their relationship to you? .....

**WHAT HAPPENED TO YOU?**

We need to know:

- What happened?
- Where it happened?
- Who did it and who was involved?

What type of discrimination do you think you have experienced? Please tick the box that applies.

Age

Impairment

Sex

Caste

Marital status

Sexual orientation

Colour

Place of origin

Creed

Political opinion

Ethnic origin

Race

Please give us all the dates and other details you can remember. [500 words]

How has this affected you? What loss or harm have you experienced because of what has happened? [200 words]

What would you like to happen as a result of lodging this complaint? [100 words]

**FURTHER INFORMATION**

Were there any witnesses?

- Yes     No

Name of witnesses

.....  
.....

**OTHER INSTITUTIONS**

Have you submitted a complaint against the same person/organization in connection with the same facts?

Yes  No

If yes, please specify the name of the institution and the date of the complaint.

.....  
..... [Format: dd-mm -yyyy]

Is there anyone who is helping you with this complaint who you would like us to talk to?  
*(For example, a community worker, trade union, a lawyer or a friend)*

Yes  No

What is their name? .....

What is their role/job? .....

Their address: .....

Telephone: .....

**DOCUMENTS:** Please attach copies of any documents that may help us with our investigation, such as doctor's certificates, records of conversations, letters or advertisements. If you cannot provide relevant documents please tell us where they are kept and who can get them.

*Attachment - (The recommended formats are \*.zip, \*.pdf, \*.doc, \*.docx,\*.jpg and \*.gif and max. size is 2MB)*

|            |  |
|------------|--|
| Attachment |  |
| Attachment |  |

I, ....., hereby declare that I am making this complaint in good faith and that the facts contained therein are true and correct.

.....

Signed

Date

*For further information please contact the Equal Opportunities Commission on 2013502 or on the following e-mail address: eoc@mail.gov.mu*

Clear Form

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