



e-form

Complaints Form



Submission Date

For Official Use Only: Complaint No.

CMPL

Part 1 - About you

ID Card No

Title

Name

Surname

Door Name

Door Number

Building Entry Point Name

Street Name

Locality Name

Post Code

Mobile

E-mail

Would you like NCPE to send all relevant correspondence to this address?

Yes

No

If not, where would you like correspondence to be sent to?

Only fill out this box if you are complaining on behalf of someone else

Name of that person

Address & postcode

Home Tel. No.

Mobile No.

Work Tel. No.

Email

What is your connection to the person suffering the alleged discrimination?

Does the individual concerned know you are filing in this form?

Yes

No

What is the reason you are filling in this form?

Only fill out this box if someone is assisting you with the complaint - for example, a lawyer, or union representative

Name of representative

Organisation

Address & postcode

Home Tel. No.

Mobile No.

Work Tel. No.

Email

Part 2 - Your complaint

1.

Who are you complaining about?

Name / Organisation

Address & postcode

Home Tel. No.

Mobile No.

Work Tel. No.

Email

What is the person's / organisation's connection to you?

2.

If you are complaining about more than one person / organisation

Name / Organisation

Address & postcode

Home Tel. No.

Mobile No.

Work Tel. No.

Email

What is the person's / organisation's connection to you?

What happened?


Describe the events that you want to complain about. We need to know your version of the facts on what happened, where it happened, who did it, if there were any witnesses and any other information which you deem relevant. Give us all the dates and other details that you can remember. If you are complaining about employment, please tell us when you commenced employment, your job title and whether you are still employed. **Kindly highlight where you are identifying discrimination.**

When did it happen? (day / month / year)

I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Please note that a copy of this form will be forwarded to the person against whom the complaint is being filed. If the complaint so warrants, a copy will also be forwarded to the employer.

Signature



Date (date / month / year)

Indicate the situations that are relevant to your case:

A.

I am complaining because while accessing to and/or seeking the supply of goods & services:

I was discriminated/treated differently on the grounds of my sex.

I was discriminated/treated differently on the grounds of my race and ethnic origin.

I was harassed.

I was sexually harassed.

There were no prevention measures taken against any form of harassment or sexual harassment within the organization.

I was victimized for having reported an alleged illegal or corrupt activity committed by any person/organization.

B.

I am complaining because I believe:

I have been discriminated against when offered employment because of my sex, and/or family responsibilities and/or gender identity and/or gender expression and/or sex characteristics and/or race and ethnic origin and/or age and/or religion and religious beliefs and/or sexual orientation.

I have been sexually harassed.

I have been discriminated against by a bank/financial institution/insurance company because of my sex, and/or family responsibilities and/or gender identity and/or gender expression and/or sex characteristics and/or race and ethnic origin and/or age and/or religion and religious beliefs and/or sexual orientation.

I have been discriminated against by an educational institution because of my sex, and/or family responsibilities and/or gender identity and/or gender expression and/or sex characteristics and/or race and ethnic origin and/or age and/or religion and religious beliefs and/or sexual orientation.

I have been discriminated against in my pay/ wage or other work related benefits because of my sex, and/or family responsibilities and/or gender identity and/or gender expression and/or sex characteristics and/or race and ethnic origin and/or age and/or religion and religious beliefs and/or sexual orientation.

I have not been granted a fair compensation for the tasks performed in the activities of my self-employed spouse.

I have been treated unfairly because of my sex and/or race and ethnic origin.

I have been unfairly dismissed from my employment because of my sex, and/or family responsibilities and/or gender identity and/or gender expression and/or sex characteristics and/or race and ethnic origin and/or age and/or religion and religious beliefs and/or sexual orientation.

I have been unfairly dismissed from my employment (during my probation period) because of my sex, and/or family responsibilities.

I have been treated unfairly at my workplace because of my sex, marital or/and family status and/or family responsibilities, and/or gender identity and/or gender expression and/or sex characteristics and/or race and ethnic origin and/or age and/or religion and religious beliefs and/or sexual orientation.

I have not been given a promotion because of my sex, and/or family responsibilities, and/or gender identity and/or gender expression and/or sex characteristics and/or race and ethnic origin and/or age and/or religion and religious beliefs and/or sexual orientation.

My working conditions and/or terms of employment have been arranged in a discriminatory manner towards my sex, and/or family responsibilities, and/or gender identity and/or gender expression and/or sex characteristics and/or race and ethnic origin and/or age and/or religion and religious beliefs and/or sexual orientation.

Others (please specify)

C.

I want to complain about:

An advertisement for a vacancy, which discriminates towards my sex, and/or family responsibilities and/or gender identity and/or gender expression and/or sex characteristics and/or race and ethnic origin and/or age and/or religion and religious beliefs and/or sexual orientation. (newspaper or magazine or any other publication on radio, TV, internet, or by display of a notice, billboard, poster, trailer or flyer or by any other means).

Work opportunities that discriminate on the basis of sex, and/or family responsibilities and/or gender identity and/or gender expression and/or sex characteristics and/or race and ethnic origin and/or age and/or religion and religious beliefs and/or sexual orientation.

The fact that I have been requested information concerning my private life and family plans, and/or gender identity and/or gender expression and/or sex characteristics and/or race and ethnic origin and/or age and/or religion and religious beliefs and/or sexual orientation when applying for a job.

An advertisement which promotes discrimination against my sex/and or family responsibilities and/or gender identity and/or gender expression and/or sex characteristics and/or sexual orientation and/or race and ethnic origin and or/age and or religion and religious beliefs.

Others (please specify)

D.

I am a European Union citizen worker/a family member of a European Union citizen worker and I am complaining because I believe I have encountered/am encountering obstacles to exercise my free movement rights as a worker/have had/am having my right to free movement for workers restricted without justification/the principle of equal treatment is not being applied in:

access to employment

conditions of employment and work, in particular as regards remuneration, dismissal, health and safety at work; and if unemployed, reinstatement or re employment

access to social and tax advantages

membership of trade unions and eligibility for workers' representative bodies

access to training

access to housing

access to education, apprenticeship and vocational training for the children of EU workers

assistance offered by the employment offices

I am being victimised for making a complaint/initiating or participating in proceedings/disclosed information to a designated public regulating body.

Part 3 - Further information

Supporting evidence

Please attach copies of any documents that may help us to address your complaint (for example, letters, pay slips, doctor's certificates or references). If you cannot do this, please tell us about the documents or other evidence and how this evidence can be obtained.

What support are you expecting from NCPE vis-à-vis your complaint?

Have you made a complaint about this to another agency?

(For example a Trade Union, Police, Department of Industrial and Employment Relations, an Ombudsman etc.)

If so, provide details of the complaint, the agency it was made to and any outcome. Also attach copies of any letters you have received from the agency.

Have you tried to resolve your complaint in any other way?

(For example through an internal complaint process etc)

If so, give details:

Part 4 - Consent for NCPE to take action

Would you like NCPE to take immediate action upon receiving your complaint and contact the alleged harasser/ perpetrator?

Yes

No

Would you like to keep your complaint on hold for now? (Kindly note NCPE will keep your complaint on hold for a maximum of 6 months)

Yes

No

Why?

**Remember to:
sign page 5 of this form, and
attach any relevant documentation.**

Confidentiality: The National Commission for the Promotion of Equality maintains confidentiality. Every effort is made to keep information regarding complaints confidential without compromising the enquiry. Information is shared only with those who have a legitimate need to know.

Data Protection:

The personal information provided shall be processed in accordance with the provisions of General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Cap 586).

For further information with regards to your rights kindly access our Data Protection Policy on: https://ncpe.gov.mt/en/Pages/Rights_and_Obligations/Data-Protection-Policy.aspx

**If you need help in filling in this form,
contact NCPE on 22768200 / equality@gov.mt for an appointment.**