

5 The description of the event

Please, describe in detail the event for which you are submitting the complaint, including information about the time, place, witnesses etc.

Important: If you need additional space for statement, use supplementary sheet.

6 Proofs

Please, list the evidence you are submitting together with the complaint.

1. _____
2. _____
3. _____

1. Have you initiated a court proceeding YES NO

2. If the answer to the previous question is "yes", _____
state which court and what date

(please, submit a photocopy of the court complaint)

7 Final part

Date

Signature

Complaints are to be sent to the following address:

Commissioner for Protection of Equality
84 Bulevar kralja Aleksandra St., 11 111 Belgrade
Telephone/Fax: +381 11 24 36 464
e-mail: poverenik@ravnopravnost.gov.rs

Office address for the reception of citizens:

22-26 Nemanjina St., Belgrade
The office is open on Tuesdays and Thursdays.
Appointments are to be made by telephone at +381 11 243 8020
and +381 11 243 6464.

www.ravnopravnost.gov.rs



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Re-use
Re-duce
Re-cycle



COMMISSIONER
FOR PROTECTION
OF EQUALITY

Complaint

Important

The complaint will be copied and sent to the natural and/or legal body or authority against which the complaint has been submitted.

1 Personal data of the complainant

1. First name _____

2. Last name _____

3. Title _____

(if the complaint is a legal body)

4. Are you submitting the complaint on behalf of another person

YES NO

5. If the answer to previous question is "yes", state on whose behalf you are submitting the complaint

6. Do you have authorization of the person on whose behalf you are submitting the complaint *(please submit the authorisation)*

YES NO

7. Address

8. Phone number

9. E-mail

10. Date of birth *(not mandatory)*:

2 Information about the legal entity and/or a person, or the authority that you are submitting the complaint against

A) If a complaint is against legal entity/authority, state

1. The name of the legal entity/authority

2. Place and address

3. Phone number

4. Are you employed there

YES NO

B) If the complaint is against person, state

1. First and last name

2. Address

3. Phone number

4. Has the person you claim discriminated you committed the act at the work place/while you were fulfilling your duties

YES NO

5. If the answer to the previous question is "yes", state where the person is employed

(name of the company/institutions/organization; address, phone number, position/working post of the person)

Important: If there is more than one legal entity and/or a person, or authorities against which the complaint is submitted, please, use separate complaint application for each.

3 The ground of discrimination

Circle one or more grounds for personal characteristics that you think are grounds of discrimination.

- | | |
|-----------------------------------|---|
| 1. Race | 16. Genetic characteristics |
| 2. Color | 17. Health condition |
| 3. Ancestors | 18. Disability |
| 4. Citizenship | 19. Marital and family status |
| 5. Nationality or ethnic origin | 20. Prior criminal convictions |
| 6. Language | 21. Age |
| 7. Religious or political beliefs | 22. Appearance |
| 8. Sex | 23. Membership in political, union or other organizations |
| 9. Gender | 24. Something else _____ |
| 10. Gender identity | |
| 11. Sexual orientation | |
| 12. Sex characteristics | |
| 13. Income level | |
| 14. Financial situation | |
| 15. Birth | |

Please, briefly explain the reason why you believe that the personal characteristic that you circled above was a ground for discrimination.

4 Where did the event regarding which you are submitting the complaint take place

1. Procedure before the public authorities (court, municipality hall, ministry, commissions etc.)
2. During the process of searching for an employment or at the work
3. In the process of providing public services or accessing building and places
4. In the area of practicing religious rights
5. In the area of education and professional training
6. In the area of practicing minority rights
7. In the area of health service
8. Something else _____

(please state)