



**REPUBLIKA E SHQIPËRISË**  
**KOMISIONERI PËR MBROJTJEN NGA DISKRIMINIMI**

Address: Rruga e Durrësit, No. 27  
Postal Code 1001  
Tirana - Albania

Tel: 08000606  
+355 4 2431078  
E-mail: [info@kmd.al](mailto:info@kmd.al)  
Web: [www.kmd.al](http://www.kmd.al)

**COMPLAINT FORM**

**To: Commissioner for the Protection from Discrimination**

<b>1. <u>Data of complainant(s)/Group of complainants<sup>1</sup></u></b>	<b><u>Organization with legitimate interest<sup>2</sup></u></b>
Name/maternity/paternity/Surname _____	Name of organization _____
Date of birth _____	_____
Profession _____	_____
Citizenship    Albanian <input type="checkbox"/> Foreigner <input type="checkbox"/>	Name/Surname of the representative _____
_____	_____
No. phone/fax _____	Name/Surname of the contact person _____
Mobile phone _____	_____
E-mail _____	No. phone/ fax _____
Gender            F <input type="checkbox"/> M <input type="checkbox"/>	Mobile phone _____
Address _____	Address _____
_____	_____

**CONTENT OF THE COMPLAINT**

2. The subject who is claimed to have committed discrimination<sup>3</sup> or an explanation about the impossibility of identifying him.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> When the complainant is a “group of person”, this form will be attached a list of relevant data for each of them.  
<sup>2</sup> Organizations with legitimate interests may request the conduct of administrative investigations by bringing reliable information, as well as represent a person or group of persons, upon their written consent or declaring in the presence of an employee of the institution, to represent the person or group of persons.  
<sup>3</sup> Give the exact address of the subject that is alleged to have committed discrimination, or any other contact method (e-mail, phone).





**Data – Group of Persons**

**Data of the complainant**

Name \_\_\_\_\_  
Maternity \_\_\_\_\_  
Paternity \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Profession \_\_\_\_\_  
Gender F  M  Other   
Address \_\_\_\_\_

Citizenship \_\_\_\_\_  
  
No. Phone/Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_  
Name/Surname/Signature \_\_\_\_\_  
\_\_\_\_\_

**Data of the complainant**

Name \_\_\_\_\_  
Maternity \_\_\_\_\_  
Paternity \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Profession \_\_\_\_\_  
Gender F  M  Other   
Address \_\_\_\_\_

Citizenship \_\_\_\_\_  
  
No. Phone/Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_  
Name/Surname/Signature \_\_\_\_\_  
\_\_\_\_\_

**Data of the complainant**

Name \_\_\_\_\_  
Maternity \_\_\_\_\_  
Paternity \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Profession \_\_\_\_\_  
Gender F  M  Other   
Address \_\_\_\_\_

Citizenship \_\_\_\_\_  
  
No. Phone/Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_  
Name/Surname/Signature \_\_\_\_\_  
\_\_\_\_\_