



## REPUBLIKA E SHQIPËRISË KOMISIONERI PËR MBROJTJEN NGA DISKRIMINIMI

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## **COMPLAINT FORM**

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

1. Data of complainant(s)/Group of complainants <sup>1</sup>	Organization with legitimate interest <sup>2</sup>		
Name/maternity/paternity/Surname	Name of organization		
Date of birth			
Profession Citizenship Albanian	Name/Surname of the representative		
No. phone/fax			
Mobile phoneE-mail	Name/Surname of the contact person		
	No. phone/ fax		
Gender F M	Mobile phone		
Address	Address		
	1		
CONTENT OF THE	COMPLAINT		
2. The subject who is claimed to have committed discrinidentifying him.	nination <sup>3</sup> or an explanation about the impossibility o		

<sup>&</sup>lt;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>&</sup>lt;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>&</sup>lt;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).

## 3. Ground(s) or cause(s) based on which discrimination is alleged

No.	ALLEGED GROUND		
1.	П	Gender	
2.		Race	
3.		Colour	
4.		Ethnicity	
5.		Language	
6.		Citizenship	
7.		Gender identity	
8.		Sexual orientation	
9.		Sex characteristics	
10.		Living with HIV/AIDS	
11.		Political beliefs	
12.		Religious beliefs	
13.		Philosophical beliefs	
14.		Economic situation	
15.		Educational situation	
16.		Social situation	
17.		Pregnancy	
18.		Parentage belonging	
19.		Parental responsibility	
20.		Age	
21.		Family condition	
22.		Marital condition	
23.		Civil status	
24.		Residence	
25.		Health status	
26.		Genetic predispositions	
27.		Appearance	
28.		Disability	
29.		Affiliation with a particular group <sup>4</sup>	
30.		Any other ground <sup>5</sup>	

<b>4.</b> Explanation of the alleged discrimination.				

<sup>&</sup>lt;sup>4</sup> If this option is selected, the characteristics of the particular group that make it distinct must be explained, as well as membership in this group.

<sup>&</sup>lt;sup>5</sup> If this option is selected, it must be clearly defined which is the characteristic or distinction that the complainant carries and which is presumed to have influenced the alleged discriminatory behavior.

5. Measures expected to be taken by the Commissioner for the Protection from Discrimina	ntion
6. Is the same case being examined in the framework of another complaint or a prior decion it? (such as: superior body, court, independent body, etc)	sion has been taken
7. The time when the alleged discrimination occurred?	
	(date/month/year)
<b>8.</b> The time when you become aware of the alleged discrimination?	(date/month/year)
<b>8.</b> The time when you become aware of the alleged discrimination?	(date/month/year)
The time when you become aware of the aneged discrimination:	(date/month/year)  (date/month/year)
9. Number of documents attached to the complaint-form (pages)	(date/month/year)
	(date/month/year)
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<ul><li>9. Number of documents attached to the complaint-form (pages)</li><li>10. Date of submission of the complaint</li></ul>	(date/month/year)

## <u>Data – Group of Persons</u>

Data of the complainant	
Name	Citizenship
Maternity	
Paternity	
Surname	No. Phone/Mobile
Date of birth	
Profession	E-mail
Gender F M Other	Name (Gramman / G' a materia
Address	Name/Surname/Signature
<u>D</u> :	ata of the complainant
Name	Citizenship
Maternity	Citizenship
Paternity	
Surname	No. Phone/Mobile
Date of birth	
Profession	E-mail
Gender F M Other	N (9 (9)
Address	Name/Surname/Signature
<u>D</u> :	ata of the complainant
Name	Citizenship
Maternity	•
Paternity	
Surname	No. Phone/Mobile
Date of birth	
Profession	E-mail
Gender F M Other	N (0 (0)
Address	Name/Surname/Signature