



Discrimination Complaint Form

For use where the person making the complaint feels that they have been treated differently/unfairly because of who they are. This covers all protected characteristics covered by the Equality Act 2010 (including age, gender, race and disability) and complaints in reaction to hate crime.

Please send the completed form to Debbie Gates, Executive Director, Central Services at King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX.



If you require parts of this document in another language, large print, audio, Braille or any alternative format please contact the Council Information Centre on 01553 616200 and we will do our best to help.

LATVIAN

Ja Jums nepieciešamas daļas no šī dokumenta citā valodā, lielā drukā, audio, Braila rakstā vai alternatīvā formātā, lūdzu, sazinieties ar Padomes informācijas centru (Council Information Centre) pa 01553 616200 un mēs centīsimies Jums palīdzēt.

RUSSIAN

Если вам нужны части этого документа на другом языке, крупным шрифтом, шрифтом Брайля, в аудио- или ином формате, обращайтесь в Информационный Центр Совета по тел.: 01553 616200, и мы постараемся вам помочь.

LITHUANIAN

Jei pageidaujate tam tikros šio dokumento dalies kita kalba, dideliu šriftu, Brailio raštu, kitu formatu ar norite užsisakyti garso įrašą, susisiekite su Savivaldybės informacijos centru (Council Information Centre) telefonu 01553 616200 ir mes pasistengsime jums kiek įmanoma padėti.

POLISH

Jeśli pragną Państwo otrzymać fragmenty niniejszego dokumentu w innym języku, w dużym druku, w formie nagrania audio, alfabetem Braille'a lub w jakimkolwiek innym alternatywnym formacie, prosimy o kontakt z Centrum Informacji Rady pod numerem 01553 616200, zaś my zrobimy, co możemy, by Państwu pomóc.

PORTUGUESE

Se necessitar de partes deste documento em outro idioma, impressão grande, áudio, Braille ou qualquer outro formato alternativo, por favor contacte o Centro de Informações do Município pelo 01553 616200, e faremos o nosso melhor para ajudar.

3. When did the incident take place?

Date

Time

4. Where did the incident take place?

Place / Street Name / Town / District / Work Place

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5. Do you believe that this was related to any of the following?

- | | | |
|----------------------------|------------------------------|-----------------------------|
| Race | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Religion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gender | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual orientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pregnancy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marriage/Civil Partnership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Being a transsexual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Why do you believe this to be the case?

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6. What do we need to do to satisfy your complaint?

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7. Has this happened to you before in relation to your dealings with the Council?

Yes No

8. Signature of Complainant

Signature:

Date:

B. Details of Victim and/or Complainant

1. This section records the details of the victim and/or the person making the complaint.

The complaint is being made by:

- The victim The victim's representative
 A witness to the incident not connected with the victim

Details of Victim

Title: Mr Mrs Miss Ms Other

Name:

Address:

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..... Postcode:

Date of Birth:

Telephone Number:

E-mail:

Details of the Complainant if the Complainant is not themselves the Victim

Title: Mr Mrs Miss Ms Other

Name:

Address:

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..... Postcode:

Date of Birth:

Telephone Number:

E-mail:

Complainant's relationship to the Victim:

2. Please tell us how you would be preferred to be contacted. Please tell us if you have any special requirements e.g. sight or hearing impairment?

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3. To help us deal with complaints of this nature, please tick how you would describe yourself if you are the victim of the complaint or if you are the witness please indicate, if possible, the ethnicity of the victim.

Please respond to the questions 1 to 3 by ticking boxes as appropriate:

1. I am: Female Male

2. I am aged: 16 to 25 26 to 44 45 or over

3. My ethnic group is (please choose one section from A-E and then tick the appropriate box):

(A) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, if so, please specify

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(D) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, if so, please specify

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(B) Black or Black British

- Caribbean
- African
- Any other Black background, if so, please specify

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(E) White

- British
- Irish
- Any other White background, if so, please specify

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(C) Chinese or other Ethnic Group

- Chinese
- Any other background, if so, please specify

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4. If you are the victim, do you consider yourself to have a disability?

Yes No

Details of disability:

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Data Protection

The Borough Council of King's Lynn & West Norfolk will use the information you have provided on this form for Equal Opportunities monitoring purposes only. Completion and return of this form indicates your consent to the Council processing your sensitive data where necessary. You have the right to apply for a copy of the information we hold about you, for which we may make a small charge. You have the right to have any inaccuracies corrected.

Borough Council of
**King's Lynn &
West Norfolk**

