**Report to the Non-Discrimination Ombudsman regarding discrimination**

Fill in this form and send it by securemail to the Non-Discrimination Ombudsman.
You can access this through our website: <https://securemail.ombudsman.ax/>.

Alternatively you can fill out the form, print it and send it by regular mail to the following address:
Ålands ombudsmannamyndighet, Elverksgatan 10, 22100 Mariehamn

You can also consult us by telephone: 018-25565, or book an appointment.

DESCRIPTION OF THE INCIDENT – WHAT HAS HAPPENED

1. **On what grounds do you feel that you have been discriminated against / have observed discrimination? (required information) \***

*Choose one or more:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Sex  |  |  | Opinion |
|  | Gender expression |  |  | Political activity |
|  | Gender identity |  |  | Trade union activity |
|  | Age |  |  | Family relationships |
|  | Origin |  |  | State of health |
|  | Nationality |  |  | Disability |
|  | Language |  |  | Sexual orientation |
|  | Religion and/or conviction  |  |  | Other personal characteristic  |

1. **Describe the situation of discrimination. (required information) \***
* What happened?
* What made the situation discriminatory? (describe as accurately as possible)
* Where and when did this happen? (time and place in as much detail as possible)
* Who/what party discriminated against you / or someone else?
* Have you received an explanation from the person/party guilty of discrimination regarding why the acted as described?
* Contact details of the opposing party (party guilty of discrimination) or other information regarding the party (if known).

*Describe the situation by answering the questions above. Use the space you need. If you print out this form, you can write on the back of the sheet or use extra paper if needed.*

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**Are there any witnesses to the incident and is there any documentary information available?***Please send any documentary material as attachment.*

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**BACKGROUND INFORMATION**

Have you taken the matter to another authority? (required information) \*
*As a general rule we do not process complaints at the same time as another authority.*

|  |  |
| --- | --- |
|  | Yes |
|  | No  |

Which authority is or has handled the case?

|  |  |
| --- | --- |
|  | Occupational safety and health authority (Arbetarskyddsmyndigheten) |
|  | Police |
|  | Court of law |
|  | Parliamentary ombudsman (Justitieombudsmannen) |
|  | Chancellor of Justice (Justitiekanslern) |
|  | Other authority |

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Your age: |  |

Your gender \*

|  |  |
| --- | --- |
|  | Woman |
|  | Man |
|  | Other / I do not wish to specify |

If you wish to be contacted, pleas leave your contact details

|  |  |
| --- | --- |
| Name  |  |
| Address |  |
| Telephone |  |
| Email |  |

I wish to be contacted by

* Email
* Telephone
* Letter