

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.

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On what grounds do you feel that you have been discriminated against / have observed discrimination? (required information) * Choose one or more:							
	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				

- - 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 you can write on the back of the sheet or use extra paper if needed.								

Are there any witnesses to the incident and is there any decommentary information.	aveilable?				
Are there any witnesses to the incident and is there any documentary information a	avaliable ?				
Please send any documentary material as attachment.					
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					
Carlot additiontly					

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

PERSONAL INFORMATION

Letter