

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:

<input type="checkbox"/>	Sex	<input type="checkbox"/>	Opinion
<input type="checkbox"/>	Gender expression	<input type="checkbox"/>	Political activity
<input type="checkbox"/>	Gender identity	<input type="checkbox"/>	Trade union activity
<input type="checkbox"/>	Age	<input type="checkbox"/>	Family relationships
<input type="checkbox"/>	Origin	<input type="checkbox"/>	State of health
<input type="checkbox"/>	Nationality	<input type="checkbox"/>	Disability
<input type="checkbox"/>	Language	<input type="checkbox"/>	Sexual orientation
<input type="checkbox"/>	Religion and/or conviction	<input type="checkbox"/>	Other personal characteristic

2) 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.

PERSONAL INFORMATION

Your age: _____

Your gender *

<input type="checkbox"/>	Woman
<input type="checkbox"/>	Man
<input type="checkbox"/>	Other / I do not wish to specify

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

Name _____

Address _____

Telephone _____

Email _____

I wish to be contacted by

- Email
- Telephone
- Letter