



**EQUAL OPPORTUNITIES COMMISSION**  
**COMPLAINT(S) REGISTRATION FORM**

NAME OF COMPLAINANT	
DATE OF BIRTH	
GENDER	
STATUS (Tick where appropriate)	(a) PERSON WITH A DISABILITY (PWD) (b) YOUTH (c) ELDERLY PERSON (d) CHILD (e) ETHNIC MINORITY (f) Others (Specify).....
RELIGION	
VILLAGE /L.C 1	
PARISH	
SUB-COUNTY	
COUNTY	
DISTRICT	
POSTAL ADDRESS	
TELEPHONE CONTACT	
EMAIL	
NEXT OF KIN & ADDRESS	

<p><b>NATURE OF COMPLAINT</b>  (Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Please include how other persons were treated differently from you).</p>	
<p><b>RIGHT(S) VIOLATED</b></p>	
<p><b>PERSON/ ENTITY/ ORGANISATION BEING COMPLAINED AGAINST AND ITS FULL ADDRESS, EMAIL AND TELEPHONE CONTACTS</b></p>	
<p><b>DATE WHEN BREACH OCCURED</b></p>	
<p><b>IS THE COMPLAINT /MATTER PENDING BEFORE ANY COURT OR TRIBUNAL. GIVE DETAILS</b></p>	
<p><b>HAVE YOU EXHAUSTED INTERNAL/DOMESTIC REMEDIES? GIVE DETAILS</b></p>	
<p><b>HAVE YOU SOUGHT ANY LEGAL REPRESENTATION/ DO YOU HAVE A LAWYER?</b></p>	
<p><b>REMEDIES SOUGHT/ WHAT DO YOU WANT EOC TO DO FOR YOU</b></p>	
<p><b>LIST OF DOCUMENTS ATTACHED/ LIST OF ALL DOCUMENTS IN YOUR POSESSION RELEVANT TO</b></p>	

THIS COMPLAINT	
POSSIBLE WITNESSES (Please list any persons, whom we may contact for additional information to support or clarify your complaint).	
GIVE ANY ADDITIONAL INFORMATION YOU DEEM RELEVANT TO THIS COMPLAINT	
SIGNATURE & DATE	

***Note: Please attach a copy of your identity card and 2 passport photographs***

**FOR OFFICIAL USE ONLY:**

REFERENCE NUMBER:.....

ACTION TAKEN:  
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