

**Ensuring Equality: Disability Discrimination Report Form**

Summary of Information Provided:

This document is a summary of the information provided in the *Ensuring Equality: Discrimination Reporting Form* and is not be mistaken for legal advice. All information should be reviewed by a lawyer prior to proceeding any legal action or claim.

{%p if EQLperson\_filling\_in\_form == ‘Myself’ %}

|  |  |
| --- | --- |
| **PERSONAL INFORMATION/ CONTACT DETAILS** | |
| **Where the user has completed the form for themselves** | |
| **Name** | {{ EQLfirstname1 }} {{ EQLlastname1 }} |
| **Email Address** | {%p if EQLemail1 %}  {{ EQLemail1 }}  {%p else %}  N/A  {%p endif %} |
| **Phone Number** | {%p if EQLphone1 %}  {{ EQLphone1 }}  {%p else %}  N/A  {%p endif %} |
| **Residential Address** | {%p if EQLaddress1 %}  {{ EQLaddress1 }}  {%p else %}  N/A  {%p endif %} |
| **Statement that reflects disability** | {{ EQLdis1 }} |
| **Type of disability**  ***or***  **Reason for completing form** | {%p if EQLdis1 == ‘I have a disability’ or EQLdis1 == ‘I had a disability’ %}  {{ EQLdis\_type1 }}  {%p elif EQLdis1 == ‘I may develop a disability in the future’ %}  {{ EQLexplain\_future1 }}  {%p elif EQLdis1 == ‘People think I have a disability’ %}  {{ EQLexplain\_ppl\_thk1 }}  {%p else %}  *Please see ‘Secondhand Discrimination’ table below*  {%p endif %} |

{%p if EQLdis1 == ‘I do not have a disability’ %}

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| **‘SECONDHAND’ DISCRIMINATION** | |
| **Have you been treated differently because of your relationship or association with a disabled person?** | {{ EQLrelationship1 }} |
| **Nature of the relationship or association to a person with a disability** | {%p if EQLrelationship1 == ‘Yes’ %}  {{ EQLrelationship\_with1 }}  {%p else %}  N/A  {%p endif %} |
| **Why the applicant believes the form is applicable to them** | {%p if EQLrelationship1 == ‘No’ %}  {{ EQLfor\_me1 }}  {%p endif %} |

{%p endif %}

{%p elif EQLperson\_filling\_in\_form == ‘Someone else’ %}

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| **APPLICANT’S PERSONAL INFORMATION/ CONTACT DETAILS** | |
| **Where the user has someone fill out the form on their behalf** | |
| **Name** | {{ EQLfirstname3 }} {{ EQLlastname3 }} |
| **Email Address** | {%p if EQLemail3 %}  {{ EQLemail3 }}  {%p else %}  N/A  {%p endif %} |
| **Phone Number** | {%p if EQLphone3 %}  {{ EQLphone3 }}  {%p else %}  N/A  {%p endif %} |
| **Residential Address** | {%p if EQLaddress3 %}  {{ EQLaddress3 }}  {%p else %}  N/A  {%p endif %} |
| **Statement that reflects disability** | {{ EQLdis3 }} |
| **Type of disability**  ***or***  **Reason for completing this form** | {%p if EQLdis3 == ‘They have a disability’ or EQLdis3 == ‘They had a disability in the past’ %}  {{ EQLdis\_type3 }}  {%p elif EQLdis3 == ‘They may develop a disability in the future’ %}  {{ EQLexplain\_future3 }}  {%p elif EQLdis3 == ‘People think they have a disability’ %}  {{ EQLexplain\_ppl\_thk3 }}  {%p elif EQLdis3 == ‘They do not have a disability’ %}  *Please see ‘Secondhand Discrimination’ table below*  {%p endif %} |

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| **ROLE/RELATIONSHIP OF PARTY MAKING APPLICATION** | |
| **Name of the person filling in the form** | {{ EQLfirstname2 }} {{ EQLlastname2 }} |
| **Relationship to discriminated person** | {{ EQLrelation\_to }} |
| **Email Address** | {%p if EQLemail2 %}  {{ EQLemail2 }}  {%p else %}  N/A  {%p endif %} |
| **Phone Number** | {%p if EQLphone2 %}  {{EQLphone2 }}  {%p else %}  N/A  {%p endif %} |
| **Residential Address** | {%p if EQLaddress2 %}  {{ EQLaddress2 }}  {%p else %}  N/A  {%p endif %} |
| **Does this person have a disability?** | {{ EQLrelation\_to\_dis }} |

{%p endif %}

The following section of the form is a recount of the information provided regarding the incident that is being reported, as well what the user would like to see happen once completing the form.

|  |  |
| --- | --- |
| **DETAILS OF THE INCIDENT** | |
| **Date of incident** | {%p if EQLdate or EQLdate1 %}  {{ EQLdate or EQLdate1 }}  {%p else %}  N/A  {%p endif %} |
| **Location of incident** | {{ EQLwhere }} |
| **Was there a service animal involved?** | {{ EQLanimal }} |
| **Do any of the following apply:**   * ***I was asked or required to keep the animal under control;*** * ***The discriminator had reasonable suspicion that the animal had an infectious disease;*** * ***I was asked for evidence that the animal is trained to meet hygiene and / or behavior requirements;*** * ***I provided them with said evidence;*** * ***I am not sure.*** | {%p if EQLanimal == ‘Yes’ %}  {{ EQLdo\_they\_apply }}  {%p else %}  N/A  {%p endif %} |
| **Who was there? What happened?** | {{ EQLwhowhat }} |
| **Impact of incident on the applicant** | {%p if EQLimpact %}  {{ EQLimpact }}  {%p else %}  N/A  {%p endif %} |
| **Does the applicant have evidence of the incident?** | {%p if EQLevidence %}  {{ EQLevidence }}  {%p else %}  N/A  {%p endif %} |
| **Has the applicant made a complaint about the incident in the past?** | {{ EQLpast\_complaint }} |
| **Details of past complaints (if any)** | {%p if EQLpast\_complaint == ‘Yes’ %}  {{ EQLpast\_complaint2who }}  {{ EQLpast\_complaint\_outcome }}  {%p else %}  N/A  {%p endif %} |

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| **DESIRED OUTCOME OF APPLICANT** | |
| **Desired outcome of the applicant** | {{ EQLoutcome }} |
| **If you would like to make a formal complaint, what would you like to see happen from this?** | {%p if EQLoutcome == ‘I would like to make a formal complaint’ %}  {{ EQLoutcome\_complaint }}  {%p else %}  N/A  {%p endif %} |

{%p if submit\_to\_authority == ‘Yes’ %}

|  |  |
| --- | --- |
| **CONTACTING THE APPLICANT** | |
| **Applicants preferred method of contact** | {{ EQLcontact\_me }} |
| **Preferred contact day and time** | {%p if EQLcontact\_me == ‘Phone’ %}  {{ EQLday2contact }}  {{ EQLcontact\_time }}  {%p else %}  N/A  {%p endif %} |

{%p endif %}