

**ENSURING EQUALITY: *DISABILITY DISCRIMINATION REPORT FORM* SUMMARY**

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.

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

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

{% 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** | {% if EQLrelationship1 == ‘Yes’ %}  {{ EQLrelationship\_with1 }}  {% else %}  N/A  {% endif %} |
| **Why the applicant believes the form is applicable to them** | {% if EQLrelationship1 == ‘No’ %}  {{ EQLfor\_me1 }}  {% endif %} |

{% endif %}

{% 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** | {% if EQLemail3 %}  {{ EQLemail3 }}  {% else %}  N/A  {% endif %} |
| **Phone Number** | {% if EQLphone3 %}  {{ EQLphone3 }}  {% else %}  N/A  {% endif %} |
| **Residential Address** | {% if EQLaddress3 %}  {{ EQLaddress3 }}  {% else %}  N/A  {% endif %} |
| **Statement that reflects disability** | {{ EQLdis3 }} |
| **Type of disability**  **or**  **Reason for completing this form** | {% if EQLdis3 == ‘They have a disability’ or EQLdis3 == ‘I had a disability’ %}  {{ EQLdis\_type3 }}  {% elif EQLdis3 == ‘They may develop a disability in the future’ %}  {{ EQLexplain\_future3 }}  {% elif EQLdis3 == ‘People think they have a disability’ %}  {{ EQLexplain\_ppl\_thk3 }}  {% elif EQLdis3 == ‘They do not have a disability’ %}  *Please see ‘Secondhand Discrimination’ table below*  {% 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** | {% if EQLemail2 %}  {{ EQLemail2 }}  {% else %}  N/A  {% endif %} |
| **Phone Number** | {% if EQLphone2 %}  {{EQLphone2 }}  {% else %}  N/A  {% endif %} |
| **Residential Address** | {% if EQLaddress2 %}  {{ EQLaddress2 }}  {% else %}  N/A  {% endif %} |
| **Does this person have a disability?** | {{ EQLrelation\_to\_dis }} |

{% 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** | {% if EQLdate %}  {{ EQLdate }}  {% else %}  N/A  {% endif %} |
| **Location of incident** | {{ EQLwhere }} |
| **Was there a service animal involved?** | {{ EQLanimal }} |
| **Further information about the involvement of a service animal** | {% if EQLanimal == ‘Yes’ %}  {{ EQLdo\_they\_apply }}  {% else %}  N/A  {% endif %} |
| **Who was there? What happened?** | {{ EQLwhowhat }} |
| **Impact of incident on the applicant** | {% if EQLimpact %}  {{ EQLimpact }}  {% else %}  N/A  {% endif %} |
| **Does the applicant have evidence of the incident?** | {% if EQLevidence %}  {{ EQLevidence }}  {% else %}  N/A  {% endif %} |
| **Has the applicant made a complaint about the incident in the past?** | {{ EQLpast\_complaint }} |
| **Details of past complaints (if any)** | {% if EQLpast\_complaint == ‘Yes’ %}  {{ EQLpast\_complaint2who }}  {{ EQLpast\_complaint\_outcome }}  {% endif %} |

|  |  |
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| **DESIRED OUTCOME OF APPLICANT** | |
| **Desired outcome of the applicant** | {{ EQLoutcome }}  {% if EQLoutcome == ‘I would like to make a formal complaint’ %}  *What would you like to see happen from making a formal complaint?*  {{ EQLoutcome\_complaint }}  {% endif %} |

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

|  |  |
| --- | --- |
| **CONTACTING THE APPLICANT** | |
| **Applicants preferred method of contact** | {{ EQLcontact\_me }} |
| **Preferred contact day and time** | {{ EQLday2contact }}  {{ EQLcontact\_time }} |

{% endif %}