



平等機會委員會
EQUAL OPPORTUNITIES COMMISSION

EQUAL OPPORTUNITIES COMMISSION COMPLAINT FORM

If you have been unlawfully discriminated against because of your sex, marital status, pregnancy, breastfeeding, disability, family status or race, you may lodge a complaint with us.

Points to Note:-

1. Please send the completed form by post or by fax to: **Equal Opportunities Commission, 16/F., 41 Heung Yip Road, Wong Chuk Hang, Hong Kong; fax number: 2106 2324.**
2. You and your authorised representative (if applicable) must provide:
 - (a) a copy of your valid identification document;
 - (b) proof of your relevant attribute (such as disability, marital status, pregnancy, family status, race, etc.); and
 - (c) any supporting documents for the incident under complaint (such as employment contract, dismissal letter, correspondences with the organisation involved in the incident, detriment/losses incurred from the incident, etc.).
3. If you have authorised a representative, the EOC will communicate directly with the representative in handling the case.
4. Under anti-discrimination laws, if your complaint is made 12 months after the incident has taken place, the EOC may decide not to conduct, or to discontinue, an investigation into the complaint unless there are extenuating circumstances for the delay in making the complaint.
5. If you intend to institute legal proceedings, you have to do so within 24 months starting from when the act complained of was done. However, the District Court may still consider claims submitted after the stipulated time-frame has passed, if it considers such action to be just and equitable.
6. If there is more than one respondent, please fill out a separate complaint form for each respondent.

7. The original copy of this complaint form and any material provided shall be at the disposal of the EOC and will not normally be returned to the complainant.
8. Supporting information/documents can be attached to the form. Further information/documents can be submitted by post or by fax separately, or when you are contacted by our staff.

Use of Personal Data

Any of your personal information that is collected or held by the EOC will be kept confidential, but the EOC may use such personal information for the purposes specified below:

- a. handling and following-up on your enquiries and complaints;
- b. carrying out any of our statutory functions;
- c. improving and monitoring of our services to meet the needs of our service users;
- d. conducting research for service improvements;
- e. notifying the EOC insurer in relation to a claim or defending a claim which you are involved as a party;
- f. sending you information and materials regarding our other services (subject to your consent);
- g. complying with any laws, regulations or guidelines issued by regulatory or other authorities;
- h. any other purposes agreed by you; and
- i. purposes relating to any of the above.

Personal data shall not be kept longer than is necessary to fulfil the purpose (including any directly related purpose) for which the data is to be used.

The EOC keeps all Personal Data confidential but may disclose or transfer the personal data collected to persons for the purposes set out above.

Please view the EOC's 'Personal Information Collection Statement and Privacy Policy Statement' on the EOC website which is under the subheading *EOC Policies* on the web page *About the EOC*.

If you have any questions or need assistance in completing the form, please call the EOC hotline at **2511 8211**. Upon receipt of this form, you will be contacted by an EOC officer. If you do not receive any message from us seven working days after you send in your form, please call our hotline as we may not have received your message due to technical issues.

Note: Fields marked with an asterisk () are required. Please put a tick “✓” in the boxes as appropriate.*

Part I: Particulars of aggrieved person

I would like to lodge a complaint of discrimination under the under the following Discrimination Ordinance(s)*

- Disability
- Family Status
- Race
- Sex (including Sex, Marital Status, Pregnancy & Breastfeeding Discrimination, Sexual Harassment)

Title Mr Mrs Ms Miss No honorific required

Others, please specify:

English name*

ID card / Passport no.*

Contacts*

1. Phone no.

2. E-mail address

3. Correspondences address

Preferred mode of written communication*

By email

By post

Representative

I would like to appoint an authorised representative.

Part II: Particulars of authorised representative (Please fill in this part if the aggrieved person is assisted by a representative)

I hereby appoint the following person as my representative to assist me in handling my complaint.

Title Mr Mrs Ms Miss No honorific required

Others, please specify:

English name of the authorised representative*

Reason(s) to appoint an authorised representative*

Relationship

Contacts*

Phone no.

E-mail address

Correspondences address

Preferred mode of written communication*

By email

By post

Part III: Particulars of Respondent

Please fill out a separate complaint form for each party complained against.

Name of party complained against*

Phone no.

E-mail address

Correspondences address

Part IV: The Complaint

1. Please state your allegation(s).* (Please include any concerned person(s), date, time, location, incident and effects on you. If necessary, please use additional paper.)
2. The information provided by the aggrieved person in this complaint form is true to the best of the person's knowledge.

[Empty rectangular box for supporting documents]

3. Any supporting documents attached? Yes No

4. Any special request(s)? (e.g. Mail should be sent to me by registered mail)

Part V: Authorisation

I have read and understood the "Points to Note" and allow the EOC to use my personal data collected in accordance with the purposes specified above, and that the EOC may disclose personal information collected to parties relevant to the complaint, or transfer it to authorised person(s).

I understand that by submitting this complaint form, my statement of complaint and/or supplementary information may be passed to the respondent for information and response where necessary.

and

I authorise the Equal Opportunities Commission to obtain information from the respondent to facilitate the handling of my complaint(s) lodged under the Sex/ Disability/ Family Status/ Race Discrimination Ordinance.

Signature of aggrieved person*

Date*

10/2023