

EQUAL OPPORTUNITIES COMMISSION ENQUIRY FORM

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. This form is only for enquiries on discrimination ordinances.
- 3. For other enquiries **not** related to discrimination ordinances, **please use the "Contact Us/Feedback Form"** which can be found on the EOC website.
- 4. Please note that the EOC's responses to enquiries are not intended to constitute legal advice.
- 5. The original copy of this enquiry form and any material provided shall be at the disposal of the EOC and will not normally be returned to the enquirer.
- 6. 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.

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 (General Enquiry Hotline) or 2106 2222 (Anti-Sexual Harassment Hotline). Upon receipt of this form, you will be contacted by an EOC officer. If you do not receive any message from us 14 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 " $\sqrt{}$ " in the boxes as appropriate.

I would like to make an enquiry related to the following Discrimination Ordinance(s):*

□ Disability

□ Family Status

 \Box Race

□ Sex (including Sex, Marital Status, Pregnancy & Breastfeeding Discrimination)

□ Relating to sexual harassment (applicable to enquiries only relating to sexual harassment; please do not check other options above)

Title	□ Mr	□ Mrs	□ Ms	□ Miss	□ No honorific required					
Others, please specify:										
English n	ame*									

English name

Contacts*

1. Phone no.

2. E-mail address

3. Correspondences address

Preferred mode of written	communication	(if applicable)	□ By email	□ By post
I Teleffed mode of written		(ii applicable)		L Dy post

Content of your enquiry* (Note: If necessary, please use additional paper.)

Any supporting documents attached?

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

Authorisation

I have read and understood the "Points to Note" and allow the EOC to use my personal data collected in in accordance with the purposes specified above.

Signature*

Date*

01/2021