

Submission (complaint) to the Ombudsman about **discrimination**

Who is writing to the Ombudsman? Who needs help?

Person - natural person

Name and surname:	
Date of birth:	
Permanent residence:	
Phone:	<i>We will call you if we do not understand something.</i>
I wish the Ombudsman would write to me (select):	
<input type="checkbox"/>	by post (address, if different from permanent residence):
<input type="checkbox"/>	by e-mail:
<input type="checkbox"/>	to the data box:

Legal person

Name:	
Registered office:	
Name and surname of the person authorised to act:	
Phone:	<i>We will call you if we do not understand something.</i>
I wish the Ombudsman would write to me (select):	
<input type="checkbox"/>	by post (address, if different from registered office):
<input type="checkbox"/>	by e-mail:
<input type="checkbox"/>	to the data box:

Are you writing for someone else? Please give your details and attach a power of attorney or write it down (on the next page).

Name and surname:	
Date of birth:	
Permanent residence:	
Phone:	<i>We will call you if we do not understand something.</i>
I wish the Ombudsman would write to me (select):	
<input type="checkbox"/>	by post (address, if different from permanent residence):
<input type="checkbox"/>	by e-mail:
<input type="checkbox"/>	to the data box:

Power of attorney

I,

authorise

to deal with the Ombudsman on my behalf in relation to

In

on

I have accepted the power of attorney in

on

signature of the represented person

– the person who gives the power of attorney

signature of the representative

– the one who acts on behalf of another on the basis of a power of attorney

Please briefly answer the following questions. You may refer to the documents you attach to your submission for details. If you do not have enough space, please continue on the next sheet.

1. Who discriminated against you?

Write as much information as you can about who discriminated against you: name, company name, address, phone number, etc.

2. Why were you discriminated against? Please tick the reason.

- | | |
|---|--|
| <input type="checkbox"/> race, ethnicity or nationality | <input type="checkbox"/> religion, world view |
| <input type="checkbox"/> gender, pregnancy, parenthood | <input type="checkbox"/> sexual orientation or gender identification |
| <input type="checkbox"/> age | <input type="checkbox"/> citizenship |
| <input type="checkbox"/> disability | <input type="checkbox"/> other (Please specify.): |

3. What area of life was involved? Please tick.

- | | |
|---|---|
| <input type="checkbox"/> employment, work, business | <input type="checkbox"/> health care |
| <input type="checkbox"/> membership of professional chambers and trade unions | <input type="checkbox"/> goods and services |
| <input type="checkbox"/> social security (e.g. pensions, benefits) | <input type="checkbox"/> housing |
| <input type="checkbox"/> education | <input type="checkbox"/> other (Please specify.): |

4. What happened?

5. What do you want to achieve? What do you think is the best solution? Please tick.

- ☐ Refraining from discrimination (*So that the person I am complaining about stops discriminating against me.*)
 - ☐ Removing the consequences of discrimination (*To get back what was before; to get what others got.*)
 - ☐ Overturning a discriminatory decision of the Authority (*For the Authority to change the decision or issue a new one.*)
 - ☐ Apology (*I want the person who discriminated against me to apologize.*)
 - ☐ Compensation for non-pecuniary damage in money (*To get money as compensation for what happened to me.*)
 - ☐ Something else (Please specify.):
-
- ☐ If the Ombudsman found that someone had discriminated against you and you could succeed in court, would you want to try?

6. Have you tried to resolve the situation? What have you done? How did it turn out?

Have you written to an authority, gone to the police, filed a lawsuit, etc.?

7. Do you have any evidence of what happened? Did anyone see it?

Can you provide evidence – for example documents, photos, recordings, witnesses, etc.?

8. List of documents (photos, recordings) that you are submitting to the Ombudsman.

Date:

Signature:

We protect your privacy (GDPR)

When you write to the Ombudsman, we will "process" the personal data you have provided in the form so that we can deal with your case under the Act on the Public Defender of Rights. This means that we hold this data on paper and electronically.

We guard your personal data carefully and must not disclose it to anyone without good reason.

Your personal data may be disclosed to:

- employees of the Office of the Public Defender of Rights who are involved in the handling of your case,
- authorities or facilities if this is necessary for the handling of your case,
- other public authorities (e.g. law enforcement authorities or courts) if they request it and the Ombudsman agrees (if the Ombudsman is not required by law to disclose the data, he or she will ask you if you wish to do so).

When we receive additional personal data from an authority or facility in the course of dealing with your case, we will also process it.

We will process your personal data until we have resolved your case and then for 7 years.

You have the right:

- to access your personal data,
- to have it corrected,
- to have it erased (the "right to be forgotten"),
- to object to its processing,
- to have us restrict its processing,
- to lodge a complaint with a supervisory authority, which is the Office for Personal Data Protection. For more information about its activities, please visit www.uoou.cz.

Do you want to know more about the processing of your personal data? Visit www.ochrance.cz under About us → [GDPR and personal data protection](#) or contact our data protection officer, JUDr. Veronika Gabrišová (tel. +420 542 542 311, poverenkyne@ochrance.cz).