



Form 40.1 | Application for assistance

A. APPLICANT'S DETAILS

Title		First name	
Surname			
Address line 1			
Address line 2			
Address line 3			
Postcode			
Contact no.			
Email			

B. AREA OF COMPLAINT

Please indicate the general area into which your complaint falls

EQUALITY			
	Discrimination: employment		Gender
			Age
			Civil status
			Disability
			Family status
			Race



		Sexual orientation
		Religious belief
		Membership of the Traveller community
	Discrimination: goods/services	Gender
		Age
		Civil status
		Disability
		Family status
		Race
		Sexual orientation
		Religious belief
		Membership of the Traveller community
		Housing assistance
	Discrimination: licensed premises	Gender
		Age
		Civil status
		Disability
		Family status
		Race
		Sexual orientation
		Religious belief
		Membership of the Traveller community



Free movement of EU workers

HUMAN RIGHTS

Please specify any rights and/or freedoms that you believe are relevant to your application for assistance.



**Coimisiún na hÉireann um Chearta
an Duine agus Comhionannas**
Irish Human Rights and Equality Commission

C. OUTLINE OF COMPLAINT

Outline of complaint

Please outline the factual basis of your complaint. Any documentation which you wish to furnish in support of your application may be sent by email to Legal@ihrec.ie or by post to the Irish Human Rights and Equality Commission, 16 – 22 Green Street, Dublin 7, D07 CR20.



D. ASSESSMENT

Have you applied for civil legal aid in relation to your complaint? If so, please give details.	Yes	No
Have you applied for criminal legal aid in relation to your complaint? If so, please give details.	Yes	No
Have you sought advice or representation in relation to your complaint from any other source? If so, please give details.	Yes	No
Have you referred a complaint to the Workplace Relations Commission? If so, please give details.	Yes	No



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Have you initiated legal proceedings in a court or tribunal relating to your complaint? If so, please give details.		Yes	No
Having regard to the criteria outlined in the Commission's <i>Guidelines on Applications for Assistance</i> , please outline any factors that you believe are relevant to your application for assistance.			
I declare that the information provided by me in this form is complete and accurate.			
Signed		Date	