**DISCRIMINATION REPORT FORM**

This Discrimination Report Form (DRF) must be sent to the Ethics Committee, which will initiate an investigation in the event that the reported facts credibly relate to the potential commission of a discrimination act relating to CAP International or its members, partners or contractors. The Ethics Committee guarantees the confidentiality of the report and the identity of the complainant, in accordance with the provisions of CAP International's Anti-Discrimination Policy.

**REPORT**

Date of DRF transmission to the Ethics Committee:

Date of DRF receipt by the Ethics Committee:

*(To be filled by the Ethics Committee)*

DRF n°…………………………………………. *(To be filled by the Ethics Committee)*

**COMPLAINANT**

NAME…………………………………………………………... FIRST NAME …………………………………………………………………………

ADRESS ………………………………………………………………………………………………………………………………………………………...

EMAIL ADRESS ……………………………………………………………………………………………………………………………………………...

PHONE NUMBER …………………………………………………………………………………………………………………………………………..

Are you part of CAP International ? Yes No

Paid Staff Pro Bono Staff

POSITION ……………………………………………………………………………………………………………………………..

If no, do you belong to one of the categories listed below?

Part of a member organisation Donor Partner Contractor Other

Please describe your relation to CAP International : ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**ALLEGED ACT OF DISCRIMINATION REPORTED**

Discrimination is the unjust or prejudicial treatment of different categories of people based on certain characteristics, including but not limited to sex, gender, religion, colour, national or ethnic origin, language, marital status, sexual orientation, age, socio-economic status, disability, political conviction, being survivor of prostitution or of other forms of gender based-violence, criminal history as a consequence of a situation of exploitation.

**I acknowledge that I have read and accept the above definition of discrimination.**

**YES NO**

DATE / PERIOD OF OCCURRENCE ………………………………………………………………………………………………………………….

DESCRIPTION OF THE OBSERVED FACTS ………………………………………………………………………………………………………

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**I hereby commit myself to the veracity of the facts reported and ask the Ethics Committee to carry out an investigation.**

DATE ……………….…………………………………

SIGNATURE :