DIANCO

BRINGING DIAMONDS TO LIFE

# DIANCO BV
# Human Rights – Complaint Form

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|---|---|
| **Name** | |
| **First Name** | |
| **Address** | |
| **Postal Code + City** | |
| **Country** | |
| **Phone** | |
| **E-mail** | |

## Your complaint

### Who are you complaining about?

| | |
|---|---|
| **Name** | |
| **Business - Company** | |
| **Address** | |
| **Phone** | |
| **E-mail** | |

**I am complaining because I believe I have been discriminated against because of my:**

- **Age (from age 15 years**
- **Colour**
- **Disability**
- **Employment status (unemployment)**
- **Ethical belief (lack of religious belief)**
- **Ethnic or national origins (including nationality and citizenship)**

- **Family status (having dependents, not having dependents, being married to, or in a civil union or de facto relationship with, a particular person or being a relative of a particular person)**
- **Political opinion (including having no political opinion)**
- **Race**
- **Religious belief**
- **Sex or gender (includes childbirth and pregnancy)**
- **Sexual orientation (heterosexual, homosexual, lesbian, bisexual)**
- **Sexually harassed**
- **Racially harassed**
- **Family violence experience – as an employee or job applicant affected by family violence**

**I am complaining because I believe I have been treated unfairly for another reason.**

**When did this happen? dd/mm/yyyy**

**What happened?**
**Describe the event you are complaining about. What happened, where did it happen and who did it? If you can remember details like dates and the situation you were in, put this down. How has this affected you?**

**Have you tried to sort your complaint in any other way?**

**What kind of solution would you like?**

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## ***For Group Dianco office use:***

| | |
|---|---|
| **Complaint number** | |
| **Date of receipt:** | |
| **Name receiver:** | |
| **Actions taken:** | |
| **Complaint sent to:** | |
| **Closure date:** | |