

Complaint Form

1. Complainant(In case the complainant is an organization, please give us the name of the organization and its representative.)

Name: Ms./Mr. _____

Resident Registration No./Passport No.: _____

Nationality/Citizenship: _____

Address in Korea: _____

Telephone: _____ Fax: _____ E-mail: _____

If you are filing a complaint on behalf of someone else,

2-1. Victim whose rights are violated or who is aggrieved by the unlawful discrimination

Name: _____

Resident Registration No./Passport No.: _____

Nationality/Citizenship: _____

Address in Korea: _____

Telephone: _____ Fax: _____ E-mail: _____

Relationship to the complaint: _____

Others: _____

2-2. Does a victim know that you are complaining on behalf of her/him?

Yes. And a victim wants the investigation of the Commission.

Yes. But a victim does not want the investigation of the Commission.

③ No. A victim does not know that I am complaining.

④ Yes. But it is uncertain if a victim wants the investigation of the Commission.

3. Respondent (Any entities, including governmental agencies, private institutions, and individuals, that violated the rights of the affected person or discriminated against such a person.)

① Name: _____ ② Organization Name: _____

③ Address in Korea: _____

④ Telephone: _____ ⑤ Fax: _____ ⑥ E-mail: _____

4. Previous records of filing a complaint (with the same fact) to the Commission or other agencies.

Have you ever made a complaint to any investigation agency?

Yes No

Have you ever filed a complaint with agencies, such as a court, the Constitutional Court, or others, for any relief procedure?

(If so, please write the name of the complainant, when and where a complaint was filed, and the case or reference number of the complaint.)

Have you ever made a complaint with the same fact to the Commission before? Yes No

(If so, please give us the information on the date and reference number of the complaint and the name of the complainant.)

5. References **x**

6. Details about the Complaint

(Please describe the fact or case that you are complaining about, including what happened, where and when it happened, who a victim is, who the respondent is, and all the detailed information that you know.)

(If you need more space, attach additional pages.)

With respect to the above complaint

- I want it to be closed after counseling.
- I want it to be filed in the Commission.

Date _____ Signature _____

Do not write in this space.

Date _____

Person in charge: Title _____ Name _____ Signature _____