



# Reporting a Case of Discrimination

Please fill out this form and send it back to us.  
You can send it by post to:

**Clearingstelle Antidiskriminierung**  
**Amt für multikulturelle Angelegenheiten**  
**Mainzer Landstraße 293**  
**60326 Frankfurt am Main**

or by email to:  
**antidiskriminierung@stadt-frankfurt.de**

You can fill in the form on the computer or by hand. You can also fill it out by hand and make a digital scan of it. Most important is that you sign it by hand. We will contact you after you have sent us the form.

Do you have an appointment with us? Please bring a copy of this form with your signature on it to the appointment, even if you have already sent us the form.

**You can call us on the telephone at:**  
**(069) 212-30111**

## What happens to my report?

Your report will be recorded confidentially.

We will check whether we are responsible. We will contact you if we have any questions.

We can ask the office or authority for an official statement. We would like to mediate between you and the office or authority.

If we are not responsible, we will give you contacts of counselling centres.

Please understand that we cannot offer legal advice.

If you need more help, we need to tell other people your name. This is the only way we can gather information about your case.

We need your permission to be able to do this. To give your permission, please sign the last page of this form (under "Signature").

We will process your information in the way described in the privacy policy attached to this form.

**We need this information to be able to contact you:**

(Please do not fill out this section if you wish to remain anonymous.)

Last name, First name:	<input type="text"/>
Street, House number:	<input type="text"/>
Postal code, City/Town:	<input type="text"/>
Telephone number:	<input type="text"/>
Email:	<input type="text"/>

## Your report of discrimination

**Please note:** We can only take action if you sign the last page of this form (under "Signature").

If you fill out this form for another person, we can only give you advice. We cannot take action with municipal offices and companies.

### 1. Who experienced discrimination?

- I did       Another person did

### 2. Who discriminated against you / another person?

Name of the person / official:

### 3. Where did the act of discrimination take place?

City/Town,  
District:

Organisation/  
Location:

### 4. What happened?

(Please give specific information on the date/time/place of the act of discrimination. You can use another sheet of paper if necessary.)

**5. Were there witnesses?**

Yes  No

**6. Were you hurt?**

Yes  No

Do you have a report of your injuries from a doctor (in German:  
"ärztliches Attest")?

Yes  No

**7. Have you contacted an institution or a lawyer?**

If yes: Who did you contact? did you contact (name, contact details)?

**8. Have you taken any further action?**

**9. After we have contacted the organisations against which you have submitted a complaint: Should we contact you to discuss what we should do?**

Yes  No

**10. Should we contact you later to say what we did?**

Yes  No

## Declaration of consent

Last name, First name:

Street, House number:

Postal code, City/Town:

Telephone number:

Email:

- I agree to the following:** I allow the Anti-Discrimination Office for the city of Frankfurt am Main to process my personal data to document my case and give me advice.
- I agree to the following:** The Anti-Discrimination Office may contact the places listed below about the case of discrimination I am reporting. They may do so to find out more information about the case and to advise me. If necessary, they may give my personal data to these places.

**The following bodies involved in reporting discrimination may be contacted by the Anti-Discrimination Agency:**

**Please note:** If we need to contact other organisations, we may need to obtain your consent again.

- I agree to the following:** The places that are contacted may send the Anti-Discrimination Office all the information it needs to process my case.
- I do not want** the Anti-Discrimination Office to contact other places or give them my personal data.

**Please note:** You can withdraw your consent at any time. This will then apply to any future processing of your data. You do not have to provide reasons for withdrawing your consent.

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City/Town, Date

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Signature