

# Notification form

If you are having trouble filling out this form, please do not hesitate to contact our first line service at the free number: 0800/12.800 (choose 1 in the menu). (\*) = Mandatory fields

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Information\* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Private person** | | | | | | | | | | | | | | | | | | |
| Last and first name: | | | | | | | | | | Click here if you want to enter text. | | | | | | | | | | | | |
| Address: | | | | Click here if you want to enter text. | | | | | | | | | | | | | | | | | |
| Number: | | | | | Click here if you want to enter text. | | | | | | | | E-mail: | | | Click here if you want to enter text. | | | | | | | | | | |
| Gender identity: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | |  | | | | Female | | | |
|  | |  | | | | | | | | |  | | | | Male | | | |
|  | |  | | | | | | | | |  | | | | Other gender identity | | | |
|  | |  | | | | | |  | | | | | | | | | | | | | | | | |
|  | **Organisation/Company** | | | | | | | | | | | | | | | | | | |
| Name: | | | | Click here if you want to enter text. | | | | | | | | | | | | | | | | | | | |
| Address: | | | | Click here if you want to enter text. | | | | | | | | | | | | | | | | | | | |
| Contact: | | | | | | | Click here if you want to enter text. | | | | | | | | | | | | | |
| Number: | | | Click here if you want to enter text. | | | | | | | | | | | E-mail: | | | | Click here if you want to enter text. | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons, organizations or public services the notification pertains to\* | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | Click here if you want to enter text. | | | | | | | | | | | | | | | | | | | |
| Address: | | | | Click here if you want to enter text. | | | | | | | | | | | | | | | | | |
| Contact: | | | | | | | Click here if you want to enter text. | | | | | | | | | | | | | |
| Number: | | | Click here if you want to enter text. | | | | | | | | | E-mail: | | | | | Click here if you want to enter text. | | | | | | | | |
|  | | | | | | |
| How did you end up at the Institute? | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here if you want to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | |
| Have you already contacted someone about this? | | | | | | | | | | | | | | | | | | | | | | | | |
| **Click here if you want to enter text.** | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- |
| Description of the facts\* | | |
| Date facts: | Click here if you want to enter a date. | |
| Place facts: | Click here if you want to enter text. |
| Explain in your own words what your notification is about. If we need any additional information, we will certainly contact you again.  **Click here if you want to enter text.** | | |
|  |  | |
| You can send this form:   * By mail: Institute for the equality of women and men (for the attention of the legal unit),  Rue Ernest Blerot 1, 1070 Bruxelles * By e-mail: equality.womenmen@iefh.belgique.be   **Please provide us with all other documents (e-mails, letters, pictures,…) which support your notification.** | | |