

SCHEDULE 2

Regulation 24

Information: Forms

Regulation 24(1)(a)

PART 1

Form of Questions by Claimant or Potential Claimant

To.....(name of person to be questioned) of .....(address)

1.-(1) I .....(name of questioner) of .....(address) consider that you may have discriminated against me contrary to the Equality Act (Sexual Orientation) Regulations 2007.

(2) (Give date, approximate time and a factual description of the treatment received and of the circumstances leading up to the treatment.)

(3) I consider that this treatment may have been unlawful (because ..... (complete if you wish to give reasons, otherwise delete)).

2. Do you agree that the statement in paragraph 1(2) above is an accurate description of what happened? If not, in what respect do you disagree or what is your version of what happened?

3. Do you accept that your treatment of me was unlawful discrimination?

If not—

(a) why not,

(b) for what reason did I receive the treatment accorded to me, and

(c) how far did considerations of sexual orientation affect your treatment of me?

4. (Any other questions you wish to ask?)

5. My address for any reply you may wish to give to the questions raised above is (that set out in paragraph 1(1) above)(the following address .....).

.....(signature of questioner)

.....(date)

N.B. By virtue of regulation 24 of the Equality Act (Sexual Orientation) Regulations 2007 this questionnaire and any reply are (subject to the provisions of that regulation) admissible in proceedings under the Regulations. A court or tribunal may draw an inference from a failure to reply within eight weeks of service of this questionnaire or from an evasive or equivocal reply.

Regulation 24(2)(a)

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

## PART 2

### Form of Reply by Respondent or Potential Respondent

To .....(name of questioner) of .....(address)

1. I .....(name of person questioned) of .....(address) hereby acknowledge receipt of the questionnaire signed by you and dated ..... which was served on me on .....(date).

2. (I agree that the statement in paragraph 1(2) of the questionnaire is an accurate description of what happened.)

(I disagree with the statement in paragraph 1(2) of the questionnaire in that .....)

3. I accept/dispute that my treatment of you was unlawful discrimination by me against you.

(My reasons for so disputing are .....The reason why you received the treatment accorded to you and the answers to the other questions in paragraph 3 of your questionnaire are.....)

4. (Replies to questions in paragraph 4 of the questionnaire.)

(5. I have deleted (in whole or in part) the paragraph(s) numbered ..... above, since I am unable/unwilling to reply to the relevant questions in the correspondingly numbered paragraph(s) of the questionnaire for the following reasons.....)

.....(signature of person questioned)

.....(date)