

SCHEDULE 1

Obtaining information on prohibited conduct

PART 1

Questions Form

(For P)

1. To.....(name of the person to be questioned (R))  
of.....(address)

2. I..... (name of the person asking questions (P))  
of.....(address)

think that you may have treated me in a way which is unlawful under the Equality Act 2010.

3. I think that the treatment I received may have been unlawful under the Act because of:

- Age  Disability  Gender Reassignment
- Marriage and Civil Partnership  Pregnancy and Maternity  Race
- Religion or Belief  Sex  Sexual Orientation

4. I think that the treatment I received amounted to:

- Direct Discrimination  Indirect Discrimination  Harassment
- Victimisation  Failure to make Reasonable Adjustments for Disabled Persons
- Gender Reassignment Discrimination  Discrimination arising from Disability
- Pregnancy and Maternity Discrimination

5. (If applicable) I think that you instructed, caused or induced or that you aided another person to treat me in a way which is unlawful under the Act as set out in paragraphs 3 and 4 of this questions form.

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

7. (If possible, give the reason(s) why you think that the treatment you have received was unlawful under the Act)

8. My questions to you are:

(1) Do you agree that the statement at paragraph 6 above is an accurate description of what happened?

(2) If not, in what respect do you disagree or what is your version of what happened?

(3) Do you agree that your treatment of me was unlawful under the Act as set out at paragraphs 3 to 5 above? If not:

(a) why not?

(b) what was the reason for your treatment of me?

(c) did considerations of the protected characteristic stated in paragraph 3 affect your treatment of me and if so, how?

(4) (Any other relevant question(s) to R)

9. Please send your answers to my home address above

Status: This is the original version (as it was originally made).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

### Answers Form

(For R)

1. To.....(name of the person asking questions (P))  
of.....(address of the person asking questions)

2. I.....(name of the person answering questions(R))  
of.....(address)  
acknowledge receipt of the questions form signed by you and dated .....(date)  
which was served on me on .....(date)

3. My answers to the questions at paragraphs 8(1) and (2) of the questions form are:

(1) I agree in full / in part\* that the statement at paragraph 6 of the questions form is an accurate description of what happened   
(If applicable) I agree in full / in part\* because .....

(2) I do not agree that the statement at paragraph 6 of the questions form is an accurate description of what happened   
(If applicable) I do not agree because .....

4. My answers to the questions at paragraph 8(3) of the questions form are:

(1) I agree in full / in part\* that my treatment of you was unlawful under the Act   
(If applicable) I agree in full / in part\* because .....

(2) I do not agree that my treatment of you was unlawful under the Act   
(If applicable) I do not agree because .....

(3) The reasons for your treatment by me and the answers to the other questions at paragraph 8(3) of the questions form are .....

5. (If applicable) My answer(s) to the question(s) at paragraph 8(4) of the questions form are: .....

6. I am unable / unwilling\* to answer the question(s) numbered .....  
of the questions form because.....

(\*delete as appropriate)

.....(signature of R)  
.....(date)  
(If applicable)  
..... (name of R's representative)  
of.....(address)

.....2..... (signature of R's representative??)  
.....(date)