Workplace Relations Complaint Form CA-00090263
Receipt Date: 25/10/2026 11:30:35 PM

Complainant Details

Title	
Firstname	Niocláisín Cóilín
Surname	de Ghlostéir
If Complainant is a Company or Rep. Body	
House Name or Number	A/C Drª Marília Bacanhim Catarino,
Street / Road:	R Pe António Nogueira Gonçalves, Lt 4 - 3º Dto
Town:	Coimbra
County:	
Country:	Portugal
Postcode:	3030-416
Contact Number:	
E-mail:	Gloucester@Insomnia247.NL
Nationality:	
Position Held:	
Employer (PAYE) Number :	
Is the employer/respondent aware you are making this complaint?	
Do you require the services of an Interpreter?	No
Language Required	
Complainant PPS Number	

Good/Service/Facilities Provider Details

Name/Company:	Garda C210
Trading as (if applicable):	
Building Name or Number	Stáisiún Gardaí,
Street / Road:	13A Sráid uí Chonaill,
Town:	Baile Átha Cliath 1,
County	Dublin 1
Country	
Postcode:	D01 W773
Title:	
Firstname:	Garda
Surname:	C210
Position Held:	garda
Contact Number:	
Email:	
Is the head office address different from above?:	Yes
Head Office: Building Name or Number	Oifig an Choimisinéara,
Head Office : Street / Road	An Garda Síochána, Páirc an Fhionnuisce,
Head Office : Town	Baile Átha Cliath 8,
Head Office : County	Dublin 8
Head Office : Postcode	D08 HN3X
Head Office : Contact Name	
Head Office : Position Held	
Head Office : Contact Number	
Head Office : Email	
Main business activity/sector:	Accommodations and Food Service
Is this a Limited Company?:	No
Is this company in Receivership / Liquidation	Neither
County	Dublin 1

Representative Details

Will you have representation?	No

Special Facilities

Should your complaint fall to be considered by an Adjudication Officer, will you require any special facilities when attending a hearing?	No
Special Facilities Details	

Specific Complaint CA-00090263-001

My complaint falls under (Please select from the drop down list below): *	Discrimination/Equality/Equal Status
Discrimination / Equality / Equal Status Type	I have been discriminated against by a person, organisation/company who provides goods, services or facilities
I say that I have been discriminated against by reason of my Gender	Not Selected
I say that I have been discriminated against by reason of my Civil Status	Not Selected
I say that I have been discriminated against by reason of my Family Status	Not Selected
I say that I have been discriminated against by reason of my Sexual Orientation	Not Selected
I say that I have been discriminated against by reason of my Religion	Selected
I say that I have been discriminated against by reason of my Race	Selected
I say that I have been discriminated against by reason of my Age	Not Selected
I say that I have been discriminated against by reason of my Disability	Selected
I say that I have been discriminated against by reason of my Housing Assistance	Not Selected
I say that I have been discriminated against by reason of my Membership of the Travelling Community	Not Selected
I say the respondent treated me unlawfully by discriminating against me in Provision of goods/services	Selected
I say the respondent treated me unlawfully by discriminating against me in Accommodation	Selected
I say the respondent treated me unlawfully by discriminating against me in Education	Selected
I say the respondent treated me unlawfully by discriminating against me in Other	Selected
I say the respondent treated me unlawfully by discriminating against me in Harrassing me	Selected
I say the respondent treated me unlawfully by discriminating against me in the Failing to give me 'reasonable accommodation' for a disability	Selected
I say the respondent treated me unlawfully by discriminating against me in victimising me	Selected
I say the respondent treated me unlawfully by Direct Discrimination	Selected
I say the respondent treated me unlawfully by Indirect Discrimination	Selected
Is this Ongoing Discrimination	Selected
What is the most recent date of discrimination *	25/10/2026
What is the date of the first incident of discrimination *	13/09/2025
What date did you notify the person/service provider using the ES1 Form?	07/07/2026

Have you received a reply from the person/service provider on the ES2 Form?	Not Selected
Selected Redress Option	Complaint seeking adjudication by the Workplace Relations Commission under Section 21 Equal Status Act, 2000
Redress Type	Adjudicator

Complaint Specific Details or Statement

Cf.
2025-09-13k_gearan_ri_garda.pdf
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2026-07-01o_gearan_i_gcoinni_Gardai_C210_agus_C316__Information_No_15-3.pdf
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2026-10-25i_RL061941170IE_signed_for_by_GARDA_CONNELL.pdf
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Work Place Relations Commission Mediation Services

Please indicate if you would be willing to avail of mediation services to facilitate the resolution of your complaint/dispute should the Workplace Relations Commission be in a position to offer these services in this case.	Yes

Submission Page

By providing an email address you are consenting to the Workplace Relations Commission communicating with you by electronic means (eMail) including the serving or giving notice(s)/document(s)	Yes
I declare that, to the best of my knowledge, the information provided in relation to the complaint(s) above is accurate.	Selected
AI Assisted Submission	No
Version Date	25/10/2026