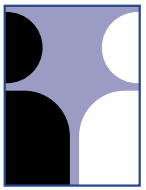


# Advocacy Paper Series



**NCCRI**

## Potentially Discriminatory HIV Testing by Financial Institutions

Paper No.4

April 2006

National Consultative Committee  
on Racism and Interculturalism

## Preface

This is the fourth paper in a series of Advocacy Papers produced by the NCCRI on a wide range of issues related to policies and practices impacting on minority ethnic groups in Ireland.

The NCCRI wishes to acknowledge a wide range of stakeholders that contributed to the development of this Paper. In particular:

- Comhlamh
- Those who forwarded their personal experiences in relation to HIV testing by financial institutions
- Benedicta Attoh

This Advocacy Paper does not necessarily reflect the views of individuals or organisations who have been consulted or who contributed information.

Research for this Paper has been carried out by Fiona McGaughey, Research and Policy Officer with NCCRI and by Philip Watt, Director of NCCRI.

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## Introduction

The National Consultative Committee on Racism and Interculturalism (NCCRI) was established in 1998 as an independent expert body focusing on racism and interculturalism. The NCCRI is a partnership body which brings together government and non-government organisations, and is core funded by the Department of Justice, Equality and Law Reform.<sup>1</sup>

The NCCRI is concerned at reports of potentially discriminatory practices by financial institutions relating to HIV testing on the basis of nationality or ethnic origin. The NCCRI is neither a judicial nor an investigatory body, rather this paper is based on anecdotal reports from individuals and NGOs. As a partnership body, the NCCRI is keen to foster a discussion on the issue and propose options to assist with preventing racial discrimination.

This paper provides a background and case example of the issue as well as up to date information on HIV and AIDS in Ireland, including geographic origin. The potential impact of policies relating to HIV on vulnerable groups is explored and an example of best practice from an insurance body in the UK is offered. The issue is then set within a legislative context including international, European and national legislation and bodies. Definitions of direct and indirect discrimination are applied to this issue and similar cases relating to HIV testing or insurance are discussed. Finally conclusions are made and recommendations are offered, primarily that the lack of guidelines for insurers in Ireland be addressed by the Irish Insurance Federation.

## Background

The NCCRI has received anecdotal reports of potentially discriminatory practices relating to HIV testing. It is reported that people born in Africa living in Ireland who apply for mortgages are particularly targeted for HIV tests, primarily for the purposes of mortgage protection / life assurance.<sup>2</sup> There are some anecdotal reports of white Irish people who have worked in Africa also being asked to undergo HIV tests, but there are also reports of some who have not. Therefore, it appears that different financial institutions have different policies and practices on this matter, or that policies are being applied inconsistently. At this stage, the NCCRI would like to raise this as an issue for discussion, highlighting the potential for such policies and practices to be racially discriminatory, with a view to seeking clarity and to encourage the development of a clear policy based on the principles of equality and non-discrimination.

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<sup>1</sup> For additional information please visit: [www.nccri.ie](http://www.nccri.ie).

<sup>2</sup> Mortgage protection / life assurance is required by lending institutions in order for a mortgage to be granted.

### **Case Example**

The following testimony was sent to the NCCRI by a returned aid worker:

“I am Irish and returned from working in Africa with my husband who is African. We applied for a mortgage and in order to apply for life insurance, my husband had to go for not one but two HIV tests. The insurance company claimed they never received the test results for the first one. Our mortgage had been delayed for over seven weeks and we have pulled out of the house we wanted to buy. Is it not strange that only my non Irish husband was asked for the test and not his Irish wife?”<sup>3</sup>

Any policy or practice that adversely impacts on a particular group based on their ethnicity or nationality may be racially discriminatory. There is sometimes a belief that if a particular policy or practice with an adverse impact has a clear rationale and is not deliberately based on racism, then it is not discriminatory. However, this is not necessarily the case.

From the point of view of the financial institutions, they are likely to justify targeting certain people for HIV tests based on the higher incidence of HIV and AIDS in sub-Saharan Africa.

## **HIV and AIDS**

Minority ethnic groups living in Ireland can be vulnerable and many experience discrimination and harassment.<sup>4</sup> Whether someone has HIV or not, the presumption that they might have and the request that they be tested due to their nationality or ethnicity, may add an additional stigma to the individual concerned. AVERT, an international HIV and AIDS charity, explains that social responses of fear, stigma and discrimination have accompanied the epidemic of HIV and AIDS. AVERT points out that stigma is a powerful tool of social control and can be used to marginalise, exclude and exercise power over individuals who show certain characteristics.

“While the societal rejection of certain social groups (e.g. 'homosexuals, injecting drug users...') may predate HIV/AIDS, the disease has, in many cases, reinforced this stigma... This is seen not only in the manner in which 'outsider' groups are often blamed for bringing HIV into a country, but also in

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<sup>3</sup> Adapted from a confidential submission to the NCCRI with certain information changed to protect the privacy of the individuals involved and to avoid targeting any particular financial institution.

<sup>4</sup> Refer for example to the racist incidents reports produced by the NCCRI. Available at: <http://www.nccri.ie/incidents.html>

how such groups are denied access to the services and treatment they need.”<sup>5</sup>

Therefore, any discussion of HIV and minority ethnic groups in Ireland must be cognisant of existing racism and discrimination against minority ethnic groups. The view that people born in Africa are more likely to have HIV may have some statistical basis, but it may also resonate based on prejudice and thus lead to further stigmatisation of an already vulnerable group.

Since July 2001, data on geographic origin is collected on all people in Ireland newly diagnosed with AIDS; geographic origin is based on the country of birth.<sup>6</sup> A large proportion of people diagnosed in 2003 and 2004 were born in sub-Saharan Africa. For example, of the 22 cases diagnosed in 2004, 11 were born in Ireland and 9 were born in sub-Saharan Africa. According to the Health Protection Surveillance Centre, this is not unexpected given the size of the epidemic in sub-Saharan Africa. It is estimated that there are 40 million people living with HIV/AIDS worldwide and sub-Saharan Africa is the area of the world most severely affected by the epidemic.<sup>7</sup> Data is also collected on HIV infections as people are newly diagnosed and of the 356 people diagnosed in 2004, 136 were born in Ireland, 134 were born in sub-Saharan Africa and 25 were born in other countries in Western Europe.<sup>8</sup> Of those people diagnosed with HIV so far in 2005, of the 130 cases where geographic origin was known, 64 were born in Ireland and 54 were born in sub-Saharan Africa.<sup>9</sup>

Obviously sub-Saharan Africa covers a large geographical area in comparison to Ireland. Also it includes a number of countries whose incidence rates vary greatly. For example, the incidence rate in Swaziland is 38.8% of the adult population; whereas in Senegal it is 0.8%.<sup>10</sup>

Another group who tend to experience higher rates of HIV and AIDS are gay men. Data is also collected in Ireland on probable routes of transmission for people newly diagnosed with HIV. For example, in the first half of 2005, of the 148 newly diagnosed cases, 75 people acquired HIV through heterosexual contact, 37 were injecting drug users and 25 were “men who have sex with men”.<sup>11</sup> Therefore, although both people born in sub-Saharan Africa and homosexual men make up a small number of the overall population, they experience higher levels of HIV and AIDS in comparison with the rest of the

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<sup>5</sup> www.avert.org (07.12.2005).

<sup>6</sup> Health Protection Surveillance Centre, O'Donnell, K. & M. Cronin, (2005) *AIDS Cases & Deaths Among AIDS Cases*, March 2005, p.11.

<sup>7</sup> Ibid, p.16.

<sup>8</sup> Health Protection Surveillance Centre (2005) *Newly diagnosed HIV infections in Ireland Quarter 3 & 4 2004 & 2004 Annual Summary*, (June 2005), p.3

<sup>9</sup> Health Protection Surveillance Centre (2005) *Newly diagnosed HIV infections in Ireland Quarter 1 & 2 2005*, (November 2005), p.1.

<sup>10</sup> AVERT website - www.avert.org/subadults.htm, (12/12/05).

<sup>11</sup> Health Protection Surveillance Centre (2005) *Newly diagnosed HIV infections in Ireland Quarter 1 & 2 2005*, (November 2005), p.3.

population. This is the information that is likely to be of interest to insurance companies and other financial institutions.

The issue of financial institutions trying to identify homosexual men in order to take account of the apparent risk is an issue which has received some attention in the UK. Insurers in the past have either: asked applicants, used “trigger questions” or sometimes asked the applicant’s general practitioner whether the applicant was gay. In the UK the Association of British Insurers (ABI) has issued guidelines preventing life insurers asking male applicants questions about their sexuality. Insurers are also prohibited from asking general practitioners about patients’ sexuality and engaging in “speculative underwriting”. An ABI spokesperson said “The guidance makes it very clear that companies cannot discriminate against people on the basis of their sexuality”.<sup>12</sup>

Finally, although there are anti-discrimination issues related to HIV itself, this paper focuses on the treatment of certain minority ethnic groups, whether or not they have HIV; therefore the issues for people who do have HIV are not in scope.

## **Legislative Framework**

Protection against racial discrimination is protected at an international, European and national level. A brief overview of the relevant instruments, bodies, definitions and case law as they relate to this issue is provided here.

### ***International legislation***

There are a number of international treaties to which Ireland is signatory that prohibit racial discrimination, the most relevant to this issue being the United Nations (UN) International Convention on the Elimination of All Forms of Racial Discrimination (CERD).

“In this Convention, the term "racial discrimination" shall mean any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.”  
(Article 1(1))

Therefore it is clear that targeting people for HIV tests based on their nationality or ethnicity fits with the international definition of “racial discrimination”. The CERD convention protects against discrimination in a number of areas of public life including the area of services (Article 5(f)). The convention also ensures that people’s rights to own property and to have housing are protected (Article 5(d)(v) and 5(e)(iii)). Both these rights were arguably threatened in the case example at the start of this paper.

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<sup>12</sup> Cumbo, J. (2005), *Insurers to go easy on gay questioning*, in the Financial Times, September 30 2005. Available at: <http://news.ft.com/cms/s/ff6106e6-31bd-11da-9c7f-00000e2511c8.html>.

The CERD convention and its implementation by each country is monitored by a body of independent experts - the CERD Committee. The issues of discrimination by insurance companies and of discriminatory HIV testing have both been considered by the CERD Committee in the past, albeit as separate issues, when reviewing the periodic reports of two other European countries. In relation to the insurance industry in Germany the Committee concluded:

“It is noted with concern that private insurance carriers sometimes discriminate against ethnic groups and that the onus of complaining is placed on the victim. The Committee considers that federal legislation regulating the insurance industry should prohibit such abuses.”<sup>13</sup>

In relation to HIV testing within health services, the Committee stated:

“The Committee expresses **concern** that the State party's health services allege that immigrants of African descent disproportionately test positive for HIV, and that **Africans have been obliged to undergo tests for HIV simply because they are Africans.**”<sup>14</sup>  
(Emphasis added)

These statements published by the CERD Committee indicate that they would not view HIV testing for life assurance based on national origin favourably. The issue was raised by an NGO representative at Ireland's first review before the Committee in March 2005. In response one Committee member asked whether the individual involved had lodged a complaint with any national body responsible for anti-discrimination.<sup>15</sup>

### ***European Union legislation***

The protection against discrimination at a European level stems from Council Directive 2000/43/EC of June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin. This legislation provides that “any direct or indirect discrimination based on racial or ethnic origin as regards the areas covered by this Directive should be prohibited throughout the Community,” (13). Article 3 explicitly protects against discrimination in either public or private sectors, and covers “access to and supply of goods and services which are available to the public, including housing” (3(1)(h)).

The Directive also provides a useful insight into the two main types of discrimination; direct and indirect:

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<sup>13</sup> Committee on the Elimination of Racial Discrimination: *Concluding Observations by the Committee on the Elimination of Racial Discrimination: Germany*, UN Doc: CERD/C/304/Add.24, 23/04/1997, at 16.

<sup>14</sup> Committee on the Elimination of Racial Discrimination: *Concluding Observations by the Committee on the Elimination of Racial Discrimination: Norway*, UN Doc: CERD/C/304/Add.40, 18/09/97, at 16.

<sup>15</sup> Information based on NCCRI attendance at the review.

“(a) direct discrimination shall be taken to occur where one person is treated less favourably than another is, has been or would be treated in a comparable situation on grounds of racial or ethnic origin;  
(b) indirect discrimination shall be taken to occur where an apparently neutral provision, criterion or practice would put persons of a racial or ethnic origin at a particular disadvantage compared with other persons, unless that provision, criterion or practice is objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary.”  
(Article 2)

It could be argued that HIV testing based on a person’s nationality is direct discrimination – ‘you come from Africa therefore you must be tested for HIV’, whereas a white Irish person will not be treated in this way. However, it is likely that the justification for testing is based on the statistics on who is more likely to have HIV. This would then be an example of indirect discrimination – that is an apparently neutral provision, criterion or practice that puts persons of a racial or ethnic origin at a particular disadvantage. As described above, it also has the potential to discriminate against gay men.

However, the directive does allow for exceptions for practices “objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary”. In this case therefore, it would firstly need to be proven that testing for HIV on the basis of nationality or ethnicity is in fact for a “legitimate aim” that can be objectively justified. Secondly, it would need to be proven that the means of achieving that aim are “appropriate and necessary”. Sometimes this second requirement of appropriateness and necessity is considered by asking whether there is any other way, or better way, in which the same aim could be achieved.<sup>16</sup>

It is worth bearing in mind that the concept of a “legitimate aim” has in itself been criticised; for example by the Equality Commission for Northern Ireland. The Commission sees indirect discrimination as a vital component in their armoury against institutionalised or systemic discrimination and feel that a weakened objective justification test compromises their aims.<sup>17</sup> Furthermore, the preamble to the Directive points out that the Directive lays down minimum requirements and that Member States have the option of introducing or maintaining more favourable provisions.

### ***National legislation***

In 2005 the Central Statistics Office published the results of their quarterly national household survey, which in the last quarter of 2004 included a survey on equality. The

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<sup>16</sup> Monaghan, K & M. Chambers (2005) *Challenging Race Discrimination in the Private Sector: Strengths and Weaknesses of the Present Legislative Model*. Available at: [www.psi.org.uk/eeps/presentations/seminar2/monaghan-paper.pdf](http://www.psi.org.uk/eeps/presentations/seminar2/monaghan-paper.pdf), (06/12/05)

<sup>17</sup> Equality Commission for Northern Ireland, (2005) *Response to OFMDFM Consultation Paper, ‘A Single Equality Bill For Northern Ireland’*. Available at: [www.equalityni.org/uploads/word/SebRes1104.doc](http://www.equalityni.org/uploads/word/SebRes1104.doc), (06/12/05).

survey found that the most common area in which people felt they had been discriminated against was using the services of banks, insurance companies, or financial institutions.<sup>18</sup>

The Equal Status Act 2000 prohibits discrimination on a number of grounds, including 'race' colour, nationality, national or ethnic origin; in a number of areas, including service provision. The definition of service explicitly refers to "banking, insurance, grants, loans, credit or financing," (2(1)(b)(i)). The Equality Act 2004 amends the Equal Status Act 2000, to implement, *inter alia*, the EU Directive 2000/43/EC.

The Equality Authority's publication on the Equal Status Acts provides a comprehensive definition of indirect discrimination as it applies in the Irish context:

"Indirect Discrimination – happens where there is less favourable treatment by impact or effect. It occurs where people are, for example, refused a service not explicitly on account of a discriminatory reason but because of a provision, practice or requirement which they find hard to satisfy. If the provision, practice or requirement puts people who belong to one of the grounds covered by the Acts at a particular disadvantage, then the service provider will have indirectly discriminated, unless the provision is objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary."<sup>19</sup>

However, as well as the potential for an exemption under the "legitimate aim" clause, equality legislation in Ireland allows for a special exemption for insurance companies and similar organisations. Section 5(2)(d) provides that people can be treated differently "in relation to annuities, pensions, insurance policies or any other matters related to the assessment of risk where the treatment (i) is effected by reference to (I) actuarial or statistical data obtained from a source on which it is reasonable to rely, or (II) other relevant underwriting or commercial factors, and (ii) is reasonable having regard to the data or other relevant factors". Therefore insurance companies may be able to treat people from particular ethnic groups differently where it is based on statistical data and where it is "reasonable having regard to the data or other relevant factors."

The Equality Tribunal is the body charged with hearing or mediating complaints of alleged discrimination under equality legislation in Ireland. Whilst there are no published cases of this particular issue, insurance companies have been respondents in other cases before the Equality Tribunal, primarily on the ground of age discrimination.

In two cases in recent years, insurance companies relied on the exception under Section 5(2)(d) of the Equal Status Act 2000. The case of *O'Donoghue v Hibernian General*

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<sup>18</sup> Central Statistics Office (2004) *Quarterly National Household Survey*, available at: [www.cso.ie](http://www.cso.ie) (07.12.2005)

<sup>19</sup> The Equality Authority (2004), *The Equal Status Acts 2000 to 2004*, p.6.

*Insurance* concerned the fixing of motor insurance premiums based on age. The respondent argued that the difference between premiums was based on the use of actuarial and statistical data to model relevant risks, and was therefore covered by the exception. The Equality Officer found that the decision was based on relevant commercial and underwriting factors and was therefore exempt under Section 5(2)(d). Accordingly, the respondent was found not to have discriminated unlawfully on the age ground.

The Equality Officer in *O'Donoghue v Hibernian General Insurance* differentiated between this case and the earlier case of *Ross v Royal and Sun Alliance Insurance Company* which did find age-based discrimination in the provision of car insurance. In the *Ross* case the Equality Officer also accepted the use of actuarial and statistical data but found that a complete refusal of insurance based *solely* on a person's age was not acceptable. The Equality Officer pointed out that there were other factors relevant to assessing a person's suitability for insurance other than simply age; their health, driving experience, previous claims history, and the condition and age of the car, as well as the obligation of insurance companies under the Declined Cases Agreement not to refuse quotes on the ground of the age of the driver alone. The "across the board" policy of the respondent failed to have regard to these relevant factors, or to address the individuality of a request for a quotation. The Equality Officer held that while proportionately higher premiums to older drivers may be acceptable, based on risk assessment, a complete refusal of a quotation based solely on a person's age was unlawful discrimination.

## **Conclusion and Recommendations**

As there are no published cases of this issue having been brought before the Equality Tribunal, it remains to be seen whether equality legislation in Ireland will effectively protect ethnic minorities against this alleged discrimination by financial institutions, or whether reliance on the exemption afforded under Section 5(2)(d) of the Equal Status Act 2000 would be successful. Based on their previous concluding observations, it seems clear that the UN CERD Committee would view the current reports of discriminatory HIV testing unfavourably. European Directive 2000/43/EC requires that there is a "legitimate aim" that can be objectively justified and that the means of achieving that aim are "appropriate and necessary". However, the Directive is clear that its requirements are minimal and that Member States can offer more protection at a national level.

**It is recommended that the exemption in relation to insurance policies under the Equal Status Act 2000 is not used to allow racial discrimination and that the fundamental principles of equality and the prohibition of discrimination be respected.**

## **Guidelines for Insurers**

The UK the Association of British Insurers (ABI) has led the way in changing industry policy and practice so that the rights of a vulnerable group, likely to suffer discrimination in many ways, including discrimination by insurance companies, are protected. Recognising that existing practices were often unethical, the new ABI guidelines protect against discrimination on the grounds of sexuality.<sup>20</sup> This is relevant to the current case due to the statistical data suggesting that people from sub-Saharan Africa and “men who have sex with men”<sup>21</sup> experience higher incidence of HIV infection. Yet, these are also vulnerable groups who experience discrimination in many areas of life.

The Irish Insurance Federation (IIF) is the representative association for insurance companies in Ireland. Its objectives are:

“To influence the domestic and international regulatory, legal, political and social environments in which our members operate, in order to advance the interests of our customers.”<sup>22</sup>

There are currently no guidelines to cover the issue of concern in this paper. There is an IIF Code of Practice on HIV Testing Limits, however this relates to routine HIV testing for policies greater than or equal to £750,000. It also states that: “Members are free to request tests at sums lower than the above *at their own discretion*”,<sup>23</sup> (emphasis added). Therefore, insurance companies have no guidance on HIV testing. The policies of the IIF relating to HIV were also clarified in 1999 when it was made clear that the question which should be posed on insurance application forms is whether an individual has tested *positive* for HIV and not whether someone has been *tested* for HIV.<sup>24</sup> Again, this does not cover the issue of the ethnicity or nationality of the applicant.

It is not surprising then that there does not seem to be clarity around the issue of HIV testing based on the applicant’s ethnicity or nationality, or that policies seem to be inconsistently applied.

**It is recommended that guidelines on HIV testing be developed by the Irish Insurance Federation through consultation with social partners, including minority ethnic groups and their representatives. It is also recommended that such guidelines take into account the vulnerability of groups in society, including minority ethnic groups, who have been adversely affected by such policies and**

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<sup>20</sup> No information on HIV testing by financial institutions in the UK on the basis of nationality or ethnicity was found in the course of this research.

<sup>21</sup> Health Protection Surveillance Centre (2005) *Newly diagnosed HIV infections in Ireland Quarter 1 & 2 2005*, (November 2005), p.1.

<sup>22</sup> <http://www.iif.ie/aboutus.htm> (07.12.2005)

<sup>23</sup> <http://www.iif.ie/consumer.htm> (07.12.2005)

<sup>24</sup> Department of Health and Children (2000), *AIDS Strategy 2000*, Report of the National AIDS Strategy Committee.

**practices in the past, and that the guidelines are based on the principle of equality and non-discrimination.**

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For additional information, please contact Fiona McGaughey, Research and Policy Officer: [Fiona@nccri.ie](mailto:Fiona@nccri.ie) / 01 8588000.

## **Appendix 1: Seeking advice and redress on financial services**

This note is intended to provide information for people who have enquiries or complaints about financial institutions, including complaints of racial discrimination. The following organisations can deal with enquiries and complaints in relation to banks and insurance companies.

### **1. The Financial Regulator**

The Financial Regulator is responsible for the regulation of all financial services firms in Ireland and in the protection of the consumers of those firms. Financial institutions must comply with Code of Conduct rules, which oblige them to act in a fair and transparent manner when dealing with consumers. The Financial Regulator provides information and assistance to consumers who have a general service complaint, (for example charges, quality of service, administrative errors) as well as enquiries about a firm, product or service.

Consumer Information Department  
Irish Financial Services Regulatory Authority  
P.O. Box 9138  
College Green  
Dublin 2

E-mail: [consumerinfo@FinancialRegulator.ie](mailto:consumerinfo@FinancialRegulator.ie)  
Consumer help-line: lo-call 1890 77 77 77  
Open from 8am to 8pm Monday to Friday and from 9am to 1pm Saturday.  
Drop in: Consumer Information Centre, College Green, Dublin 2. Open from 9.30am to 5pm Monday to Friday. Late opening until 6pm Thursdays.

### **2. The Financial Services Ombudsman**

The Financial Services Ombudsman is a statutory officer who deals independently with complaints from consumers about their individual dealings with all financial services providers that have not been resolved by the providers. The Ombudsman is therefore the arbiter of unresolved disputes and is impartial. It is a free service to the complainant. Broader issues of consumer protection are the responsibility of the Irish Financial Regulator.

Financial Services Ombudsman's Bureau  
3rd Floor  
Lincoln House  
Lincoln Place  
Dublin 2

Email: [enquiries@financialombudsman.ie](mailto:enquiries@financialombudsman.ie)  
Website: [www.financialombudsman.ie](http://www.financialombudsman.ie)  
Lo Call: 1890 88 20 90  
Tel: 01 6620899

Fax: 01 6620890

### **3. Equality Authority**

Where a complaint relates to racial discrimination, information can be sought from the Equality Authority. Financial institutions are exempted from equality legislation in some cases, the Equality Authority can provide additional information on this.

The Equality Authority is a statutory body with a general remit to promote equality under the employment equality and equal status legislation. The Equality Authority provides information to the public on the equality legislation. The Equality Authority may at its discretion, where the case has strategic importance, provide legal assistance to people who wish to bring claims of discrimination to the Equality Tribunal on the grounds of gender, age, disability, sexual orientation, marital status, family status, religion, 'race' and membership of the Traveller community.

Equality Authority  
Clonmel St  
Dublin 2

E-mail: [info@equality.ie](mailto:info@equality.ie)  
Website: [www.equality.ie](http://www.equality.ie)  
Text Phone: 01 4173385  
Telephone: 1890 245545 or 01 4173333  
Fax: 01 4173366

### **4. Equality Tribunal**

Complaints of racial discrimination in the provision of services by financial institutions can be brought to the Equality Tribunal; a quasi-judicial body that appoints Equality Officers to hear and decide claims of discrimination on the grounds of gender, age, disability, sexual orientation, marital status, family status, religion, 'race' and membership of the Traveller community. Equality Officers can also mediate in disputes.

In the case of discrimination in the provision of goods or services, a person wishing to make a claim of discrimination must notify the person against whom the claim is made in writing within two months of the date of the most recent occurrence of the discrimination. This written notification can be fulfilled by filling out a form, available from the Equality Tribunal. If there is no reply or the reply is unsatisfactory the complaint can then be referred to the Equality Tribunal within 6 months of the discrimination.

Equality Tribunal  
3 Clonmel Street  
Dublin 2

Email: [info@equalitytribunal.ie](mailto:info@equalitytribunal.ie)  
Website: [www.equalitytribunal.ie](http://www.equalitytribunal.ie)  
Tel: 01 4774100  
Fax: 01 4774141

LoCall: 1890344424

#### **5. NCCRI Racist Incidents Monitoring**

The NCCRI has a confidential system for recording incidents related to racism, including racially motivated crime and racial discrimination. Incidents can be forwarded by non-governmental organisations or by the person who has been subjected to racism. The NCCRI does not typically take action on individual cases but the information is used to indicate trends and key issues to be addressed. A reporting form can be requested from the NCCRI or downloaded from the website.

NCCRI  
Third Floor  
Jervis House  
Jervis Street  
Dublin 1

E-mail: [info@nccri.ie](mailto:info@nccri.ie)  
Website : [www.nccri.ie](http://www.nccri.ie)  
Tel: 01 8588000  
Fax: 01 8727621

*For other areas of discrimination or racist crime, please refer to the NCCRI's Seeking Advice and Redress Against Racism handbook. Available upon request from the NCCRI, or download from: [www.nccri.ie/pdf/ROI-Guidebook.pdf](http://www.nccri.ie/pdf/ROI-Guidebook.pdf).*

**Ends**