

Workplace Relations Complaint Form CA-00084885

Receipt Date: 04/06/2026 02:11:12 PM

Complainant Details

Title	
Firstname	Nioclásán Caileán
Surname	de Ghlostéir
If Complainant is a Company or Rep. Body	
House Name or Number	A/C Dr ^a Marília Bacanhim Catarino,
Street / Road:	R Pe António Nogueira Gonçalves, Lt 4 - 3º Dto
Town:	Coimbra
County:	
Country:	Portugal
Postcode:	3000-090
Contact Number:	
E-mail:	Gloucester@Insomnia247.NL
Nationality:	Irish
Position Held:	
Employer (PAYE) Number :	
Is the employer/respondent aware you are making this complaint?	

Good/Service/Facilities Provider Details

Name/Company:	Máire ní Máille mic Oisdealbhaigh
Trading as (if applicable):	an tSeirbhís Chúirteanna
Building Name or Number	Teach na Cúirte
Street / Road:	Sráid an Mhargaidh
Town:	Baile Átha Troim
County	Meath
Country	
Postcode:	C15 XYC4
Title:	
Firstname:	Máire
Surname:	ní Máille mic Oisdealbhaigh
Position Held:	breitheamh
Contact Number:	
Email:	
Is the head office address different from above?:	Yes
Head Office: Building Name or Number	Ceithre Chúirt,
Head Office : Street / Road	Cé na nÓstaí,
Head Office : Town	Baile Átha Cliath 7,
Head Office : County	Dublin 7
Head Office : Postcode	
Head Office : Contact Name	
Head Office : Position Held	
Head Office : Contact Number	
Head Office : Email	
Main business activity/sector:	Public Administration & Defence
Is this a Limited Company?:	Dont Know
Is this company in Receivership / Liquidation	Neither
County	Meath

Representative Details

Will you have representation?	No
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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-00084885-001

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	Not Selected
What is the most recent date of discrimination *	18/03/2026
What is the date of the first incident of discrimination *	18/03/2026
What date did you notify the person/service provider using the ES1 Form?	02/04/2026
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. 2026-03-

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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
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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
Version Date	04/06/2026