

# Workplace Relations Complaint Form CA-00081790

Receipt Date: 12/03/2026 03:40:55 PM

## Complainant Details

Title	Mr
Firstname	Niocláifín Cóilín
Surname	de Glóiteir
If Complainant is a Company or Rep. Body	
House Name or Number	A/C Dr <sup>a</sup> 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?	

## Good/Service/Facilities Provider Details

Name/Company:	Antoin ó Maoileoghain
Trading as (if applicable):	Garda MH254
Building Name or Number	AN GARDA SÍOCHÁNA
Street / Road:	STÁISIÚN GARDAÍ CILL DHÉAGLÁIN, SRÁID FHREIDRIC
Town:	CILL DHÉAGLÁIN
County	Meath
Country	
Postcode:	A84 P891
Title:	Mr
Firstname:	Antoin
Surname:	ó Maoileoghain
Position Held:	Ashbourne_DS@garda.Ie
Contact Number:	
Email:	
Is the head office address different from above?:	No
Main business activity/sector:	Public Administration & Defence
Is this a Limited Company?:	No
Is this company in Receivership / Liquidation	Neither
County	Meath

## Representative Details

Will you have representation?	Yes
Representative Title	Mr
Representative Firstname	Bernard
Representative Surname	Stobie
Representative Name/Organisation	Bernard Stobie Solicitors
Representative Building Name or Number	25 Town Centre Mall
Representative Street / Road	
Representative Town	Sord
Representative County	Dublin
Representative Postcode	
Representative Email	info@BernardStobie.Ie
Complainant Representative Ref No.	
Representative Contact Number	

Do you wish for correspondence to be issued to your representative?	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-00081790-001

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 *	12/03/2026
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?	04/11/2025
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.

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[HTTP://Gloucester.Insomnia247.NL/gardai/Where\\_are\\_you\\_from/srl](http://Gloucester.Insomnia247.NL/gardai/Where_are_you_from/srl).

### 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	12/03/2026