

COMPLAINT FORM

YOUR CONTACT INFORMATION (You are the complainant)

Your first name		Your last name	
Mailing address			
Town or city		Province	Postal code
Home phone number (include area code)	Work phone number (include area code)	Cell phone number (include area code)	Fax number (include area code)
At which number(s) ca	n we reach you during t	he day? □Home □W	/ork □Cell
What pronouns should they, etc.)	we use to refer to you	while processing your co	omplaint? (he, she,
Your e-mail address, if related to your complain		orize us to send you pe	rsonal information
your email address wharassment. In all oth	vith the Respondent: <u>u</u> ner cases, it is your re	o agree that the Comm inless the complaint is sponsibility to tell the s with the Respondent.	<u>about sexual</u> Commission if you
☐ Please check here in The Commission recognised receive the accomplaint process. Ind	f your phone is a TTY (gnizes its responsibility ommodation they requir ividual needs are speci		ole with individual equally in the of the grounds of
Commission): ☐ Canadian citizen ☐ Permanent resident	:	none of these apply to standard the standard to standard the standard to standard the standard t	

If any of your contact information changes during the complaint process, it is your responsibility to inform us, otherwise your complaint could experience a delay or even be closed.

YOUR ALTERNATE CONTACT INFORMATION

Please provide the contact information of a person that you would like us to contact if the Commission cannot reach you. It could be a family member or friend.

Home phone number (include area code)		hone number e <i>area code)</i>		hone number de area code)
,	,	,	(monado area esae)	
E-mail address				
YOU	R REPRI	ESENTATIVE'S CONT	TACT INFORM	IATION
ou do not need to hire	-		e to file a com	olaint.
\square I do not have a you do choose to hire	•		llowing contac	t information
you do choose to fille	a lawyei	, please provide the id	mowing contac	i iniormation.
Name of your representative		Firm		
Mailing address				
			Province	Postal code
Mailing address Town or city			Province	Postal code
		Cell phone number	Province Fax number	
Town or city		Cell phone number (include area code)		
Town or city Work phone number (include area code)		•	Fax number	
Town or city Work phone number		•	Fax number	
Town or city Work phone number (include area code)		•	Fax number	
Town or city Work phone number (include area code)		•	Fax number	
Town or city Work phone number (include area code) E-mail address prefer that information	concerni	(include area code)	Fax number (include area	a code)
Town or city Work phone number (include area code) E-mail address		(include area code)	Fax number (include area	a code)

TRADE UNION OR EQUIVALENT

Are you a member of a trade union or equiva	lent? □ Yes □ No
\Box I give permission to the Commission to co complaint. If yes , please provide the following	ntact my trade union or equivalent regarding my ng information:
Name of your trade union or equivalent	
Name of your union representative	
Work phone number (include area code)	Cell phone number (include area code)
E-mail address	

YOUR COMPLAINT

Your Name:	
	COMPLAINT IS AGAINST respondent)
If there is more than one respondent, you must	file a separate complaint against each one.
Name of business, organization or association	
In what city and province (or territory) did the events took place outside Canada, please cont	• • • • • • • • • • • • • • • • • • • •
City or town:	Province or territory:
When did the alleged discrimination take p than one year old, but exceptions may apply): Start date (dd/mm/yyyy):	lace? (The alleged discrimination has to be less Last date (dd/mm/yyyy):
I have a reasonable basis to believe that the based on one or more of the following grouthe ones that apply to your situation): Race National or ethnic origin Colour Religion Age Sex Sexual orientation Gender identity or expression Marital status Family status Genetic characteristics	•
□Disability □A conviction for which a pardon has been g	ranted or a record suspended

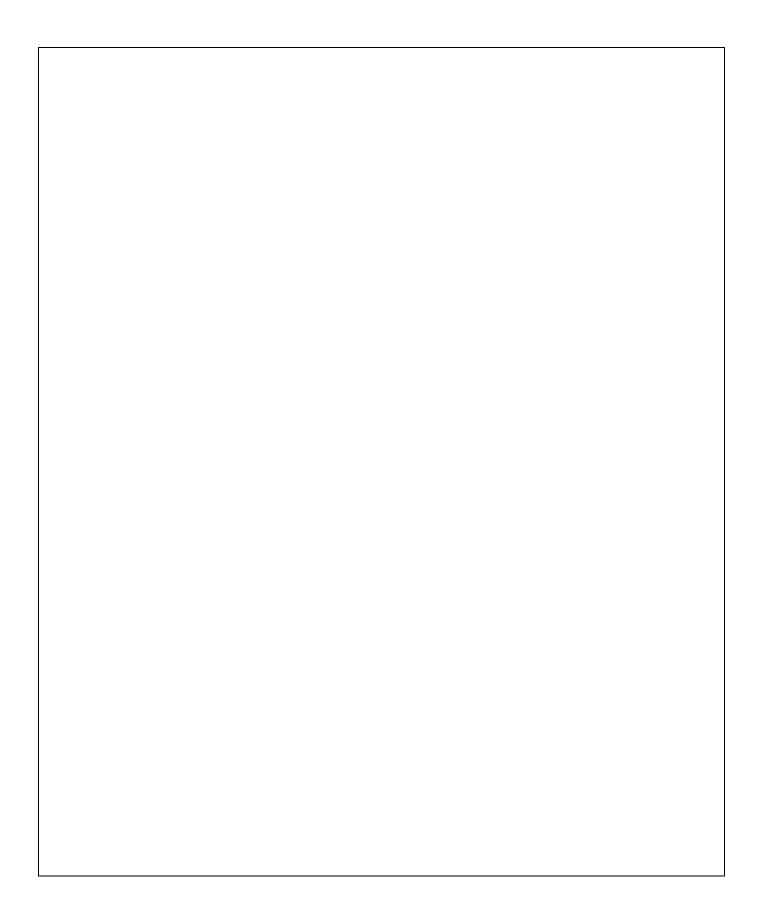
Please tell us about what happened to you. It is important to explain how you identify with a ground(s) of discrimination, the treatment you experienced, why you believe that the treatment you experienced is because of the ground(s) AND when the treatment happened.

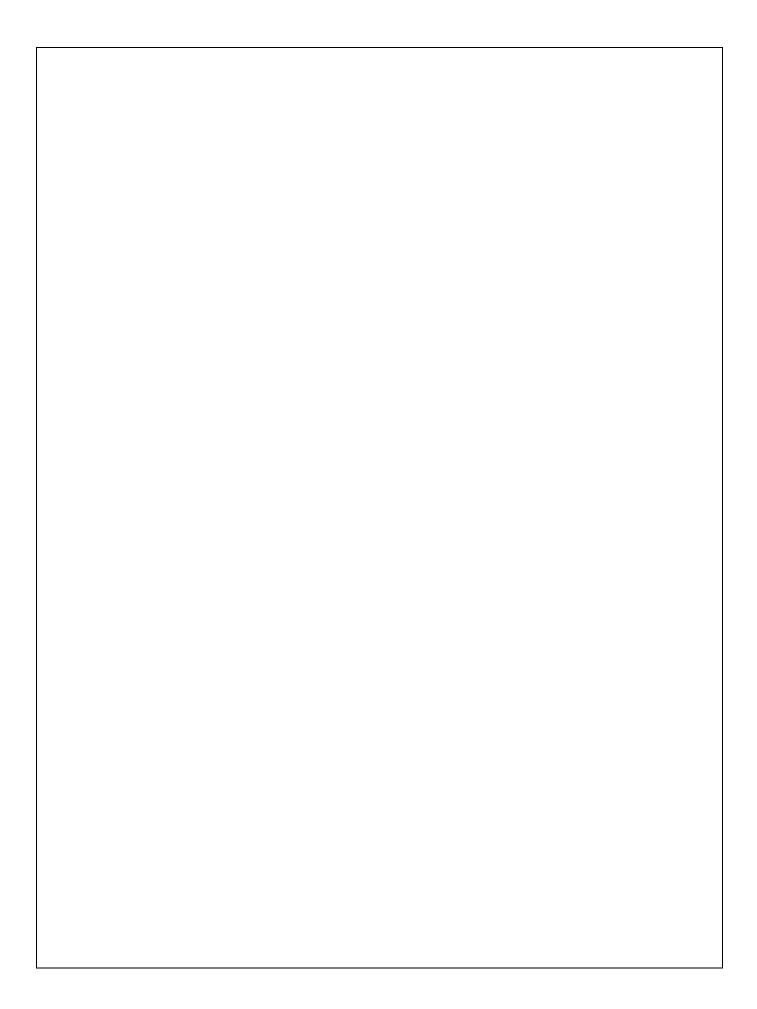
Please answer the following questions in your complaint story. If you do not answer these questions in your complaint story, there could be delays in processing your complaint or your complaint may not meet the criteria to be accepted.

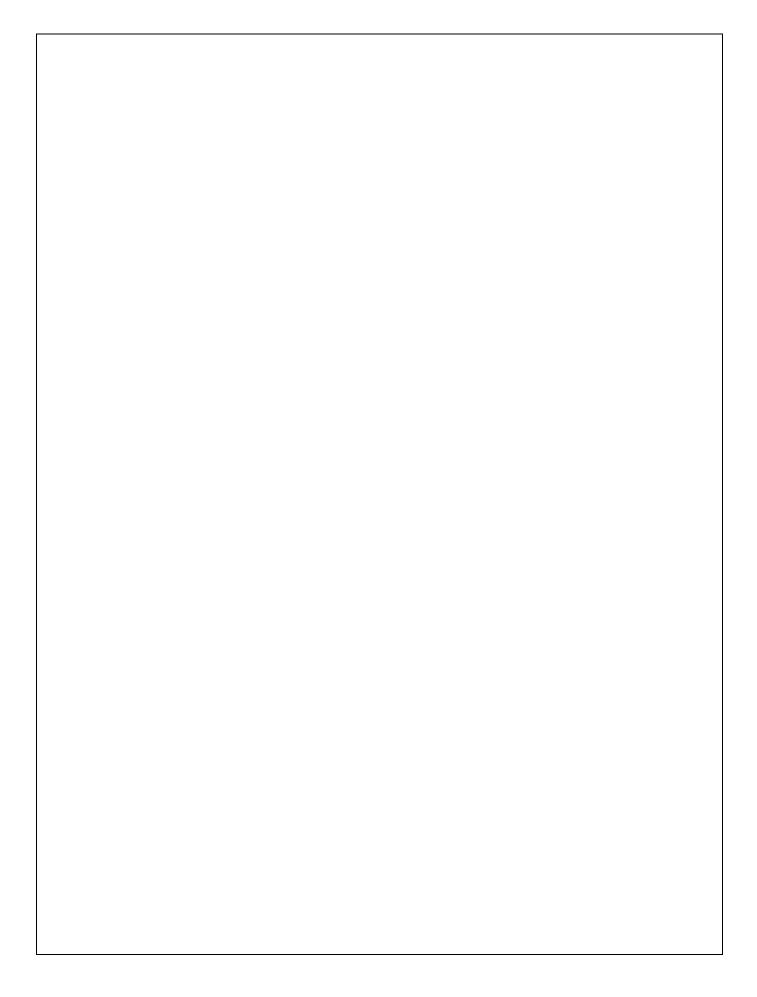
Questions you need to answer in your complaint story:

- 1. How do you identify with the grounds of discrimination you checked off on this form? (For example, if you chose National or Ethnic Origin, identify where you are from geographically, culturally, and/or historically e.g. I am Cree, I am East Indian)
- 2. How were you treated by the business, organization or association and how were you disadvantaged by that treatment?
- 3. Why do you believe the treatment you experienced is because of the ground(s) you identify with?
- 4. When did these events happen?
- 5. How did these events have a negative effect on you?
- 6. How have you tried to resolve the situation?

You may also choose to answer these questions using a separate document (no more than (3) pages in total). Keep any supporting documents with you. You may be asked for them later in the process.







Mediation

In mediation a trained Commission mediator works with you and the Respondent to find a solution to the complaint (settlement). Mediators are impartial. This means they do not represent you or the Respondent. Mediation and settlement are both voluntary.

Benefits of mediation include:

□ Yes

- **Comfortable.** You don't have to be in the same room as the Respondent to participate.
- Confidential. What is said during mediation is not shared with anyone.
- **Efficient.** The process is much faster if you and the Respondent can settle the complaint.
- **Flexible.** You can seek solutions through mediation that are not available from the Canadian Human Rights Tribunal (Tribunal).
- Fair. You can bring your representative or a support person.
- Free. It does not cost you anything to participate in mediation.

Please note that this may be the only opportunity you will have to access mediation through the Commission's process.

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Do you agree to participate in mediation?	

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	No.
	I am unsure. I would like more information about mediation before I decide.

AGREEMENTS

the following three statements to accept your complaint. The Commission will protect all of your personal information under the <i>Privacy Act</i> .
\square The information in this Complaint Form is true to the best of my knowledge and belief.
$\ \square$ I authorize the Commission to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint.
I understand that in order to process my complaint, the people and organizations who have been involved in what happened to me may need to provide the Commission with information, either orally or in documents, that relates to me and to my complaint. I therefore authorize those individuals identified by the Commission to provide it with the information that it needs to process my complaint. For example:
 If your complaint is about your employment, the Commission might need your employment records.
If your complaint is about a disability, the Commission might need your medical records.
 If your complaint is relates to the Income Tax Act, including your taxes or tax benefits, the Commission may need your taxpayer information from the Canada Revenue Agency.
The next three consents are optional. I understand that if I do not agree to them, the Commission will still process my complaint.
In some cases another federal agency (ex. the Canadian Transportation Agency or the Canadian Radio-television and Telecommunications Commission) may have jurisdiction to deal with the issues raised in a complaint. If that is the case, providing us with consent to share your complaint with the appropriate body can help to process your complaint faster.
☐ (Optional) I authorize the Commission to share my complaint and contact information with another agency, to determine the appropriate body to address my complaint and to transfer my complaint to that organization where it can more appropriately deal with the complaint.

AGREEMENTS (Continued)

The Commission administers the Canadian Human Rights Act (CHRA). The CHRA only applies to federally regulated service providers and employers. The provinces and territories each have their own human rights agencies and laws that protect people from discrimination. Sometimes it can be unclear if a complaint is federal or provincial. If it appears that your complaint comes under a provincial or territorial law, providing us with consent to share your complaint with the appropriate provincial or territorial human rights commission or tribunal can help to process your complaint faster. ☐ (Optional) I authorize the Commission to share my complaint and contact information with the provincial or territorial human rights body that appears to have the necessary authority to deal with my complaint and to transfer my complaint to that human rights commission or tribunal. The Commission sometimes develops policies and guides, and prepares reports or other statistical information for policy, research and public education purposes in support of its mandate under section 27 of the CHRA. ☐ (Optional) I agree that the Commission may use the information provided in my complaint to assist it in researching issues and in addressing human rights issues in Canada. I understand that the Commission will never include my personal or other identifying information in any public report, and that my personal information is still protected by privacy laws. Complainant's signature: Name (printed): _____

Date:____