



## 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<br><i>(include area code)</i>   | Work phone number<br><i>(include area code)</i> | Cell phone number<br><i>(include area code)</i> | Fax number<br><i>(include area code)</i> |
| At which number(s) can we reach you during the day?    Home    Work    Cell   |   |   |  |
| Your e-mail address, if any, by which you authorize us to send you personal information related to your complaint:  |   |   |  |
| Please check here if your phone is a TTY (Text Telephone)<br>If you have any special needs related to a disability that the Commission should know about, such as a specific format for communicating with you, please describe here: |   |   |  |
| <b>Please select the box that applies to you</b> (If none of these apply to you, contact the Commission):<br>Canadian citizen<br>Permanent resident<br>In Canada on a Visa as a visitor, student or temporary foreign worker          |   |   |  |

**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.

|   |   |   |
|---|---|---|
| Name of your alternate contact:                 |   |   |
| Home phone number<br><i>(include area code)</i> | Work phone number<br><i>(include area code)</i> | Cell phone number<br><i>(include area code)</i> |
| E-mail address                                  |   |   |

### YOUR REPRESENTATIVE'S CONTACT INFORMATION

You do not need to hire a lawyer or other representative to file a complaint.

I do not have a representative

If you do choose to hire a lawyer, please provide the following contact information.

|   |   |  |             |
|---|---|--|-------------|
| Name of your representative                     | Firm  |  |             |
| Mailing address                                 |   |  |             |
| Town or city                                    |   | Province                                 | Postal code |
| Work phone number<br><i>(include area code)</i> | Cell phone number<br><i>(include area code)</i> | Fax number<br><i>(include area code)</i> |             |
| E-mail address                                  |   |  |             |

I prefer that information concerning my complaint be sent: *(Select one)*

only to me;

only to my representative; or

to my representative with a copy to me.

## TRADE UNION OR EQUIVALENT

Are you a member of a trade union or equivalent?    Yes    No

I give permission to the Commission to contact my trade union or equivalent regarding my complaint. If **yes**, please provide the following information:

|  |  |
|--|--|
| Name of your trade union or equivalent       |  |
| Name of your union representative            |  |
| Work phone number <i>(include area code)</i> | Cell phone number <i>(include area code)</i> |
| E-mail address                               |  |



## YOUR COMPLAINT

**Your Name:**

### ORGANIZATION YOUR COMPLAINT IS AGAINST

(This is the 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 alleged discrimination happen?** (If the events took place outside Canada, please contact the Commission)

City or town:

Province or territory:

**When did the alleged discrimination take place?** ( The alleged discrimination has to be less than one year old, but exceptions may apply):

Start date (dd/mm/yyyy):

Last date (dd/mm/yyyy):

**I have a reasonable basis to believe that the respondent discriminated against me based on one or more of the following ground(s) of discrimination** (Please check only the ones that apply to your situation):

Race

National or ethnic origin

Colour

Religion

Age

Sex

Sexual orientation

Marital status

Family status

Disability

A conviction for which a pardon has been granted or a record suspended

**Please explain your situation by answering the following questions in the space provided. You may also choose to answer these questions using a separate document (maximum three (3) pages). If you have any supporting documents, keep them with you. You may be asked for them at a later date during the process.**

**How and when were you treated differently, based on each ground of discrimination you have identified? Summarize and give the dates of each event.**

**Summary (continued)**

**How did these events have a negative effect on you? Briefly describe the steps you have taken to resolve the situation?**



## AGREEMENTS

The legal basis for the following agreements are explained in the Privacy Notice of the *How to file your complaint* document.

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. I understand that if I do not agree, the Commission will still process my complaint.

***Your consent to each of the following statements and your signature are needed for the Commission to accept your complaint:***

The information in this Complaint Form is true to the best of my knowledge and belief.

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 authorize anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the Commission. The Commission can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.

**Please print, sign and date the form before submitting.**

**Complainant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

You can reach the Commission by:

- Mail: Canadian Human Rights Commission, 344 Slater Street, 8th floor, Ottawa, ON K1A 1E1
- Email: [Complaint@chrc-ccdp.gc.ca](mailto:Complaint@chrc-ccdp.gc.ca)
- Facsimile: 1-613-996-9661
- Telephone: 1-888-214-1090
- TTY: 1-888-643-3304