# Respondents: complete this form within 30 days of receiving a copy of the Complaint from the Commission.

# GENERAL INSTRUCTIONS

* Review the Complaint Form that was attached to the email notifying you of the complaint.
* Follow the instructions for each PART of this Response Form.
* If any PART of this form does not apply to the situation, write “N/A” in that part.
* If you need extra space to answer any question(s), use the blank pages included at the end of the form. All of your information must fit within the pages given in the form.Be sure to identify which PART you are responding to when using the blank pages at the end of the form.
* Email us your Response by attaching a saved copy and sending it to: complaint.plainte@chrc-ccdp.gc.ca
* Email the Complainant your Response by attaching a saved copy and sending it to the email address included in the email we sent notifying you of the complaint.
* Keep a copy of your completed Response and all supporting documents.
* If you need this form in an alternative format, please email us at:complaint.plainte@chrc-ccdp.gc.ca or call us toll-free at: 1-888-214-1090.
* Refer to the [**Response Frequently Asked Questions**](https://www.chrc-ccdp.gc.ca/sites/default/files/2021-10/complaint_rules_faq_2021.pdf) for more information.

## PART 1: COMPLAINT INFORMATION

**NAME OF COMPLAINANT** as it is written on the Complaint Form. 

**COMPLAINT FILE NUMBER:** 

## PART 2: INFORMATION ABOUT THE RESPONDENT

Provide the Respondent’s contact information in this part. This is usually the name of the individual, business or federal government department named in the Complaint Form.

Name: 

Address: 

City:  Province or Territory: 

Country:  Postal Code: 

Phone Number: 

Email: 

## PART 3: INFORMATION ABOUT THE PERSON COMPLETING THE RESPONSE

Please provide your contact information. You must have the authority to file this Response on behalf of the Respondent.

The Commission will use this contact information to process the complaint. The Commission will share your email address with the Complainant to exchange information and other documents.

Name: 

Address: 

City:  Province or Territory: 

Country:  Postal Code: 

Primary Phone Number: 

Email: 

If you are **not** the Respondent, explain your authority to act for them:



## PART 4: RESPONSE TO THE PRELIMINARY ISSUE(S)

Check off all preliminary issue(s) that apply to the complaint.

Read the applicable section of the [Preliminary Issue(s) Information Sheet](https://www.chrc-ccdp.gc.ca/en/complaints/complaint-rules-and-policies) that corresponds to the issue(s) that you checked off.

Ensure that you identify all relevant preliminary issue(s). You may only raise preliminary issue(s) later in the process if new information becomes available.

If there are no preliminary issues to consider, write “N/A” in this section and go to the next part.

**Section 41(1)(a)**

[ ]  The Complainant has access to a grievance or other review process.

[ ]  The Complainant did not exhaust an available grievance or other review process.

**Section 41(1)(b)**

[ ]  The Complainant has access to a process available under another act of Parliament.

**Section 41(1)(c)**

[ ]  The Respondent is provincially regulated.

[ ]  The Respondent is a First Nation and the complaint is provincially regulated.

[ ]  The wrong Respondent is named in the Complaint Form.

[ ]  The Complainant was not lawfully present in Canada.

[ ]  The alleged discrimination occurred outside of Canada and the alleged victim was not a Canadian citizen or an individual lawfully admitted to Canada for permanent residence.

**Section 41(1)(d)**

[ ]  The allegation(s) is not serious enough, or there is little or no useful remedy.

[ ]  The complaint is not linked to a prohibited ground listed in the Act.

[ ]  The complaint does not describe a discriminatory practice listed in the Act

[ ]  The complaint is about non-discretionary actions found in federal law.

[ ]  The allegations in the complaint have already been dealt with by another process.

[ ]  The Complainant signed a release / settled the allegations in their complaint.

[ ]  The complaint is made in bad faith (i.e., It is made to harass or intimidate the Respondent or for another improper purpose).

**Section 41(1)(e)**

[ ]  The complaint was filed after the one year time limit.

**Explain why the preliminary issue(s) you checked off apply to the complaint. Answer the questions from the applicable section of the Preliminary Issues Information Sheet in your explanation.** 

**If you require more space to respond, use the blank pages at the end of the form. All of your information must fit within the pages given in the form. Be sure to identify which PART you are responding to when using the blank pages below.**

# PART 5: LIST OF DOCUMENTS RELATED TO THE PRELIMINARY ISSUE(S)

List all the documents you have that support your response to the preliminary issue(s). Provide a short description of each document, including what preliminary issue it supports.

**Important:** Attach copies of these documents when you submit your Response.

If there are no preliminary issues to consider, write “N/A” in this section and go to the next part.

1. 

2. 

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**If you require more space to respond, use the blank pages at the end of the form. All of your information must fit within the pages given in the form. Be sure to identify which PART you are responding to when using the blank pages below.**

# PART 6: RESPONSE TO THE ALLEGATIONS IN THE COMPLAINT

Check off the statement that best describes what your response in this section is about.

[ ] The allegation(s) in the complaint did not occur.

[ ] The allegation(s) in the complaint did not occur as described by the complainant.

[ ] The allegation(s) occurred, but do not amount to discrimination.

[ ] Some or all of the allegations occurred, but the Respondent is relying on a bona fide occupational requirement

[ ] Some of all of the allegations occurred, but the Respondent is relying on a bona fide justification.

[ ] A special program as described in section 16 of the Act.

[ ] Other:



Explain your version of events, including:

* Any facts alleged by the Complainant that you AGREE with.
* Any facts alleged by the Complainant that you DISAGREE with.

**Important:** Do NOT include witness contact information in this part. All witness contact information should be sent to the Commission using a [**Witness Identification Form**](https://www.chrc-ccdp.gc.ca/en/complaints/complaint-rules-and-policies)**.** 



**If you require more space to respond, use the blank pages at the end of the form. All of your information must fit within the pages given in the form. Be sure to identify which PART you are responding to when using the blank pages below.**

# PART 7: LIST OF DOCUMENTS RELATED TO THE RESPONSE TO THE ALLEGATIONS IN THE COMPLAINT

List all the documents you have that support the response you gave in Part 6 of this form. Provide a short description of each document, including what facts it supports.

**Important:** Keep all of the documents you list. You may be asked for copies of these documents at a later stage in the process.

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**If you require more space to respond, use the blank pages at the end of the form. All of your information must fit within the pages given in the form. Be sure to identify which PART you are responding to when using the blank pages below.**

# PART 8: CONSENTS

## 8-A. MEDIATION: THE FASTEST WAY TO A RESOLUTION

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

**Benefits of mediation include:**

* **Comfortable.** You don’t have to be in the same room as the Complainant to participate.
* **Confidential.** What is said during mediation is not shared with anyone.
* **Efficient.** The process is much faster if you and the Complainant can settle the complaint.
* **Flexible.** Mediation may offer solutions 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.**

**Important:** If you consent to mediation, the person(s) attending the mediation must have the authority to settle the complaint.

**Do you agree to participate in mediation?**

[ ] Yes.

[ ] No.

[ ] I am unsure. I would like more information about mediation before I decide.

## 8-B. THE CANADIAN HUMAN RIGHTS TRIBUNAL: WHEN FURTHER INQUIRY IS NEEDED

The Act allows the Commission to refer a complaint to the Tribunal at any time after it is filed. In some situations, agreeing to have the complaint sent to the Tribunal can speed up a decision on it. The Commission will still decide which complaints are referred to the Tribunal. It may be appropriate to send a complaint to Tribunal, when:

* How the law applies to the facts of the complaint is in dispute, or is unclear.
* There are other complaints against the Respondent that are before the Tribunal on essentially the same facts.
* Credibility is the central issue in the complaint.
* The complaint raises new legal issues that the Tribunal must decide on.
* Expert evidence is central to the outcome of the complaint.
* An assessment by Commission staff will not assist the Commission in making a decision.

**Do you agree to the Commission sending the complaint to the Tribunal, if appropriate?**

[ ] Yes.

[ ] No.

# PART 9: DECLARATION AND SIGNATURE

If you are filing your Response electronically, clicking the box in this section represents your legal signature.

**I declare that to the best of my knowledge, all of the information I have provided with this Response is truthful, complete and accurate.**

[ ] **Check this box to represent your signature if you are submitting this form electronically.**

Click or tap to enter a date.

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Signature of the Respondent orDate (DD/MM/YYYY)

Authorized signature for the Respondent

 

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print NameTitle or Positionwith Respondent

**If you need extra space to answer any question(s), use the blank pages included here. All of your information must fit within the pages given in the form. Be sure to identify which PART you are responding to when using these blank pages.**  