# This form can be used by both Complainants and Respondents to share their list of witnesses with the Canadian Human Rights Commission

This form will **not** be shared with the other party throughout the Commission’s process.

# General Instructions

* Complete this form if there are witnesses that can support your version of events.
* Email the Commission your completed Witness Identification Form by attaching a saved copy and sending it to: complaint.plainte@chrc-ccdp.gc.ca
* All questions marked with an **\*** are required.
* 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 or TTY: 1-800-465-7735.
* Refer to the[**Frequently Asked Questions**](https://www.chrc-ccdp.gc.ca/sites/default/files/2021-10/complaint_rules_faq_2021.pdf) for more information or call us toll-free at: 1-888-214-1090 or TTY: 1-800-465-7735.

Complainant Name:\* 

Respondent Name:\* 

Complaint File Number:\* 

Who are you?\*

[ ]  The Complainant (or their representative)

[ ]  The Respondent (or their representative)

Witness Information

Name:\* 

Primary Phone Number: 

Alternate Phone Number: 

Email Address: 

What information is this witness expected to provide or address?\* 

Witness Information

Name:\* 

Primary Phone Number: 

Alternate Phone Number: 

Email Address: 

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Witness Information

Name:\* 

Primary Phone Number: 

Alternate Phone Number: 

Email Address: 

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Name:\* 

Primary Phone Number: 

Alternate Phone Number: 

Email Address: 

What information is this witness expected to provide or address?\* 

Witness Information

Name:\* 

Primary Phone Number: 

Alternate Phone Number: 

Email Address: 

What information is this witness expected to provide or address?\* 