



Canadian
human rights
commission

Commission
canadienne des
droits de la personne

PROTECTED
(Once completed)

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 <i>(include area code)</i>	Work phone number <i>(include area code)</i>	Cell phone number <i>(include area code)</i>	Fax number <i>(include area code)</i>
At which number(s) can we reach you during the day? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			
What pronouns should we use to refer to you while processing your complaint? (he, she, they, etc.)			
Your e-mail address, if any, by which you authorize us to send you personal information related to your complaint:			
By filing your complaint, you are deemed to agree that the Commission may share your email address with the Respondent: <u>unless the complaint is about sexual harassment</u>. In all other cases, it is your responsibility to tell the Commission if you do not want us to share your email address with the Respondent.			
<input type="checkbox"/> Please check here if your phone is a TTY (Text Telephone) The Commission recognizes its responsibility for ensuring that all people with individual needs receive the accommodation they require to participate fully and equally in the complaint process. Individual needs are specific needs related to one of the grounds of discrimination under the Act. Do you need accommodation to participate in the Complaint Process?*			
Please select the box that applies to you (If none of these apply to you, contact the Commission): <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> 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 <i>(include area code)</i>	Work phone number <i>(include area code)</i>	Cell phone number <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 <i>(include area code)</i>	Cell phone number <i>(include area code)</i>	Fax number <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	



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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
- Gender identity or expression
- Marital status
- Family status
- Genetic characteristics
- Disability
- A conviction for which a pardon has been granted or a record suspended

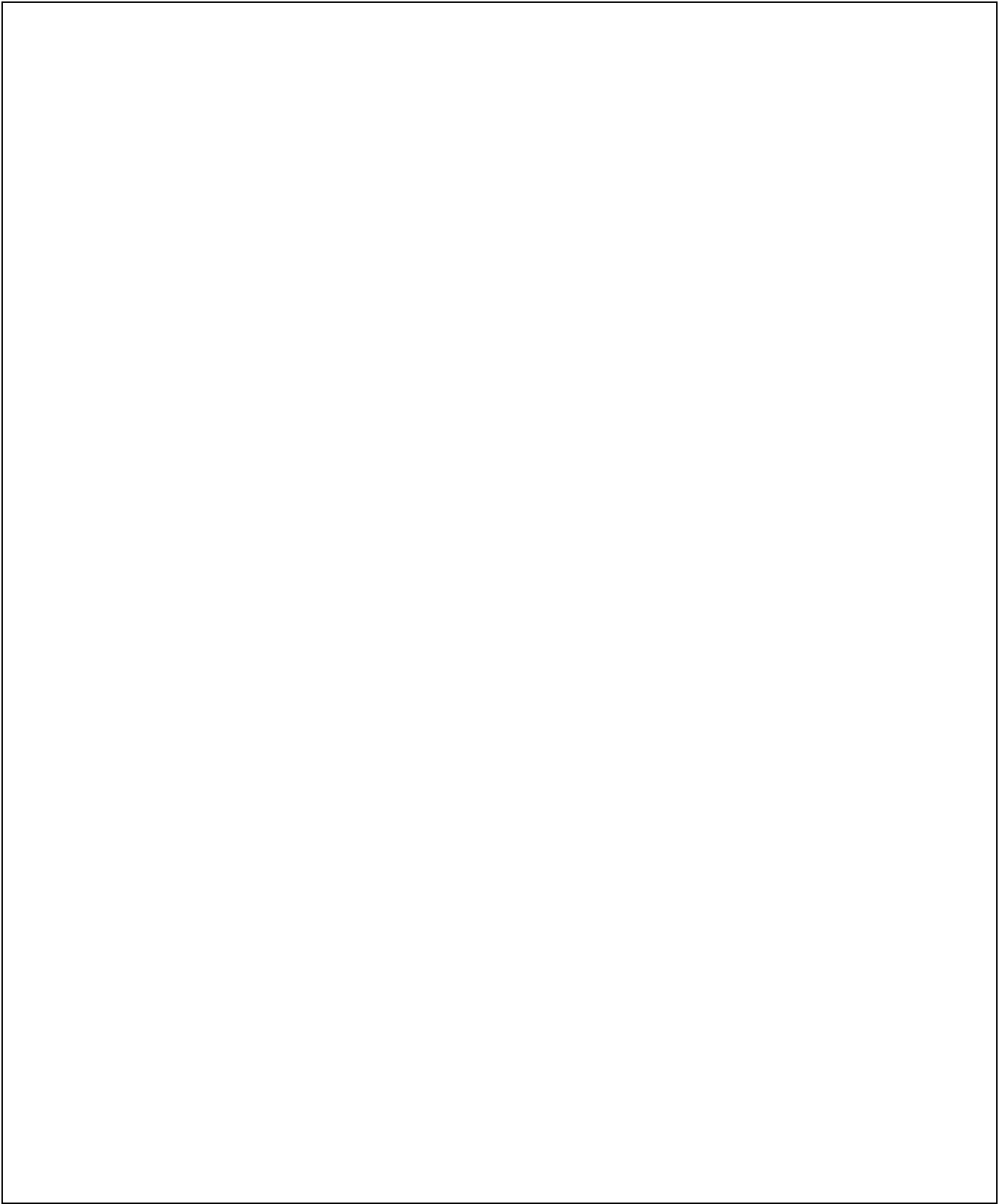
Please tell us about what happened to you. ***It is important to explain how you identify with a ground(s) of discrimination, the treatment you experienced, why you believe that the treatment you experienced is because of the ground(s) AND when the treatment happened.***

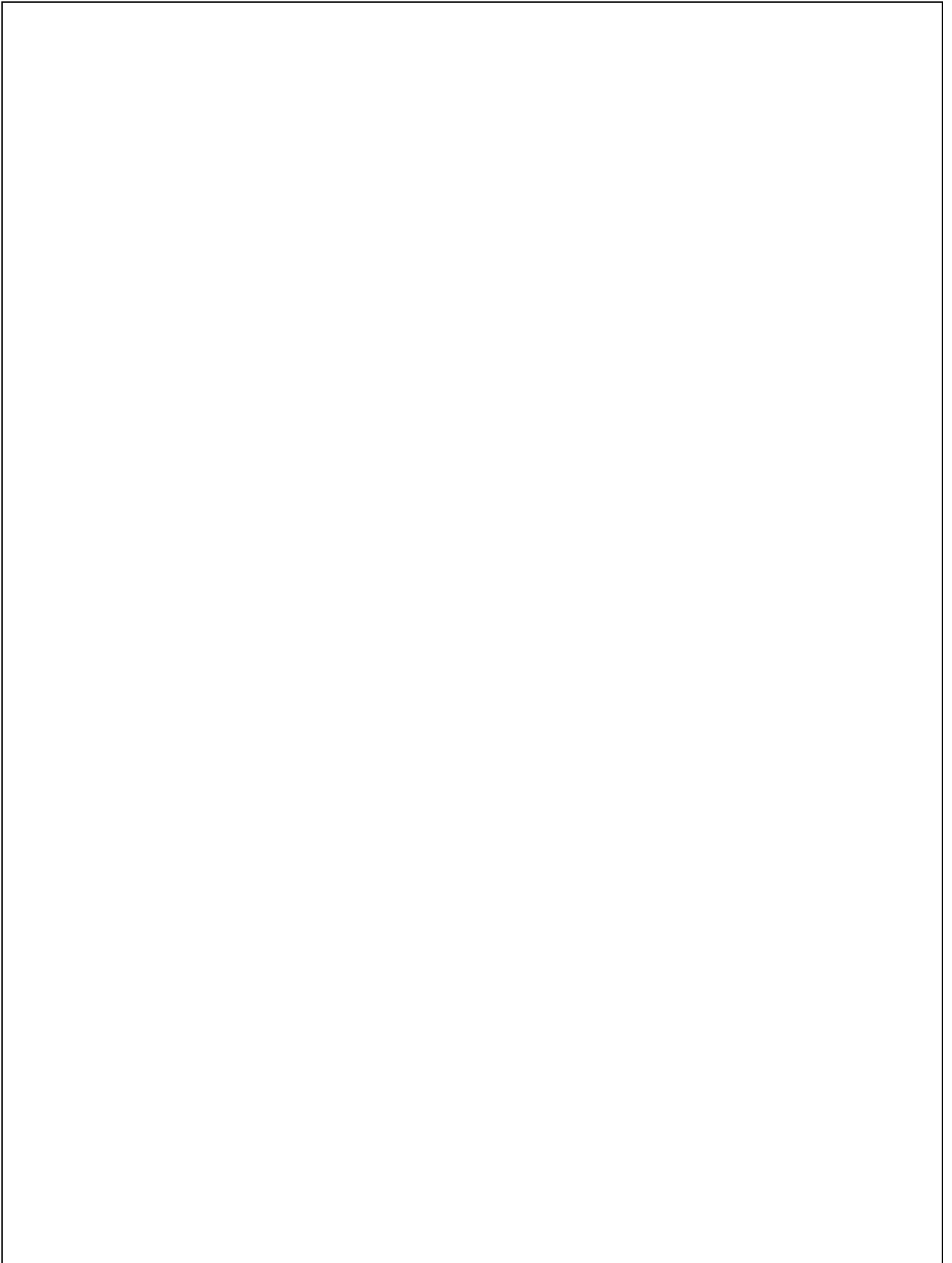
Please answer the following questions in your complaint story. If you do not answer these questions in your complaint story, there could be delays in processing your complaint or your complaint may not meet the criteria to be accepted.

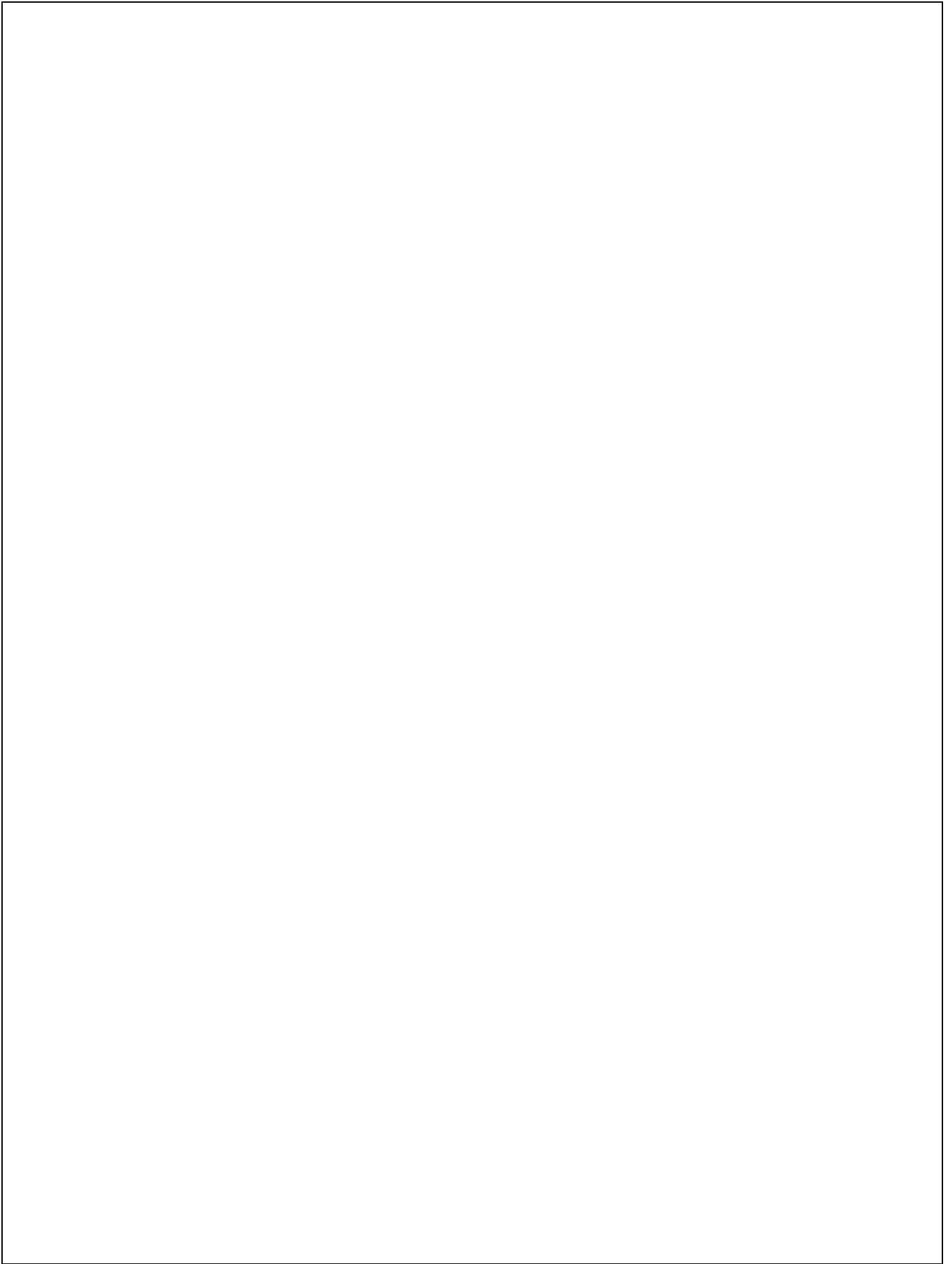
Questions you need to answer in your complaint story:

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:

- **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.

Do you agree to participate in mediation?

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

AGREEMENTS

The Canadian Human Rights Commission (Commission) needs your consent to each of the following three statements to accept your complaint. The Commission will protect all of your personal information under the *Privacy Act*.

- 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 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: _____