

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](#) for more information or call us toll-free at: 1-888-214-1090 or TTY: 1-800-465-7735.

COMPLAINT INFORMATION

NAME OF COMPLAINANT*:

NAME OF RESPONDENT*:

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:

What information is this witness expected to provide or address?

WITNESS INFORMATION

Name:

Primary Phone Number:

Alternate Phone Number:

Email:

What information is this witness expected to provide or address?

If you need more space to list your witnesses, please complete additional witness forms.