



## REPLY FORM

PROTECTED when complete

**Complainants: complete this form within 60 days of receiving the Response to your complaint from the Respondent.**

### GENERAL INSTRUCTIONS

- Follow the instructions for each PART of this Reply Form.
- If any PART of this form does not apply to the situation, write “N/A” in that part.
- Email us your Reply by attaching a saved copy and sending it to:  
[complaint.plainte@chrc-ccdp.gc.ca](mailto:complaint.plainte@chrc-ccdp.gc.ca)
- Email the Respondent your Reply by attaching a saved copy and sending it to the email address included in their Response to your complaint.
- Keep a copy of your completed Reply and all supporting documents.
- If you need this form in an alternative format, please email us at:  
[complaint.plainte@chrc-ccdp.gc.ca](mailto:complaint.plainte@chrc-ccdp.gc.ca) or call us toll-free at: 1-888-214-1090.
- Refer to the [Reply Frequently Asked Questions](#) for more information.

### PART 1: COMPLAINT INFORMATION

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

**COMPLAINT FILE NUMBER**

**NAME OF RESPONDENT** as it is written on the Response Form.



## **PART 2: INFORMATION ABOUT THE PERSON COMPLETING THIS FORM**

Who are you?

I am the Complainant. Yes or no?

If you are the Complainant, do not provide your contact information below. Please go to Part 3.

I am the Complainant's Representative. Yes or no?

If you are the Complainant's Representative, please provide your contact information below.

Representative's Name:

Address:

City:

Province or Territory:

Country:

Postal Code:

Primary Phone Number:

Email:

You must have the authority to file this Reply on behalf of the Complainant. Explain your authority to act for them:



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## **PART 3: REPLY TO THE PRELIMINARY ISSUES(S)**

Refer to Part 4 of the Response to your complaint. Complete this section if the Respondent raised a preliminary issue(s) in Part 4 of their Response.

Read the applicable section of the [Preliminary Issue\(s\) Information Sheet](#) that corresponds to the issue(s) raised by the Respondent. The sheet explains what information the Commission needs to make a decision.

Answer the questions from the applicable section of the Information Sheet as part of your reply to the preliminary issue(s).

If no preliminary issue(s) were included in the Response, write “N/A” in this section and go to the next part.



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## **PART 4: LIST OF DOCUMENTS - PRELIMINARY ISSUE(S)**

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

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

If no preliminary issue(s) were included, write “N/A” in this section and go to the next part.

1.

2.

3.

4.

5.

6.

7.

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9.

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## **PART 5: YOUR REPLY TO NEW INFORMATION**

Complete this section if the Respondent provided new information in Part 6 of their Response to your complaint. **Do not repeat information that you included in your Complaint Form.**

Answer the following questions about each new issue:

1. What is the new issue raised in Part 6 of the Response?
2. How is the new issue important to your complaint?
3. Why do you disagree with the Respondent's information about this issue?

**Important:** Do not include witness contact information. All witness contact information should be submitted to the Commission using the [Witness Identification Form](#).

If no new issue(s) were raised, write "N/A" in this section and go to the next part.



## **PART 6: LIST OF DOCUMENTS RELATED TO YOUR COMPLAINT**

List all the documents you have that support the information in your complaint. 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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## PART 7: REMEDIES YOU ARE SEEKING

Remedies are actions or measures that are meant to fix the situation you complained about. Remedies are not meant to punish the Respondent.

Please indicate all the remedies that you are asking for:

Agreement to end the discrimination, for example by changing a policy or practice.  
Yes or no?

Provide you the opportunity that was being denied (example: promotion). Yes or no?

Steps or programs to address the discrimination (examples: training, policy). Yes or no?

Payment for pain and suffering. Yes or no?

Payment for willful or reckless behaviour. Yes or no?

Payment for lost wages. Yes or no?

Payment for other expenses related to the discrimination. Yes or no?

Something specific (examples: job back, ramp installed), please list:



## **PART 8: DECLARATION AND SIGNATURE**

If you are filing your Reply electronically, your digital signature represents your legal signature.

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

**If you are submitting this form electronically please include your digital signature below.**

Signature of the Complainant or  
Authorized signature for the Complainant

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Date (DD/MM/YYYY)

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Print Name

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