



CANADIAN
HUMAN RIGHTS
COMMISSION

COMMISSION
CANADIENNE DES
DROITS DE LA PERSONNE

COMPLAINT DOCUMENTS

You **CANNOT** use the Online Complaint Form to file a complaint

- **in your name on behalf of someone else**, or
- **against an individual** , or
- if you are **not** a Canadian citizen, permanent resident, or in Canada lawfully as a visitor, student or temporary foreign worker.

In these situations, call the Canadian Human Rights Commission (the Commission) to talk to an officer.

Instructions:

You can fill out the following Contact Information and Complaint Form electronically. PLEASE NOTE: you CANNOT SAVE these documents electronically. If you exit the form, you will lose your data. You CANNOT SEND this complaint form to the Commission electronically. After you have filled out the form, you must print it, sign it and send it to the Commission by regular postal mail or by fax. If you have any questions about this form, if you require the form in an alternate format, or if you need help completing the form, contact the Commission at 1-888-214-1090 or by TTY (Text Telephone) at 1-888-643-3304.

If you choose to print off this form and fill it out **by hand**, write out your allegations on separate paper and attach the pages to this form. Your allegations must not be more than three (3) letter-sized (21.5 cm by 28 cm or 8 ½ by 11 inches) pages long, with margins of not less than 2.5 cm or 1 inch, and should be typed in 12-point font or legibly printed in dark ink. Sign and date each page of your allegations. Do not attach any other documents to the complaint. If your complaint is accepted, you may be asked for these documents at a later date. Complaints that are not in this format may be returned.

Send Complaint Form to:

Resolution Services Division
Canadian Human Rights Commission
344 Slater Street
8th Floor
Ottawa, Ontario K1A 1E1

For inquiries, call:

Toll-free: 1-888-214-1090
TTY: 1-888-643-3304

You may fax the complaint to: (613) 996-9661



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CONTACT INFORMATION

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>
Your e-mail address:			
At which number(s) can we reach you during the day? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			
Please check here if your phone is a TTY (Text Telephone) <input type="checkbox"/>			
Do you have any special needs related to a disability that the Commission should know about, such as a specific format for communicating with you?			

YOUR ALTERNATE CONTACT'S INFORMATION

Please provide the contact information of the person that you would like contacted in the event that the Commission cannot reach you. Preferably, this should be a family member or friend who does not live with you.

Name of your alternate contact		Relation to you	
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>

YOUR REPRESENTATIVE'S CONTACT INFORMATION

You do not need to hire a lawyer or other representative to file a complaint. If you do choose to hire a lawyer, please provide the following contact information.

If any of your personal contact information changes during the complaint process, it is your responsibility to inform the Canadian Human Rights Commission (the Commission).

If the Commission cannot reach you because you did not provide your current mailing address, your file may be closed.

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>	Email address

ORGANIZATION YOUR COMPLAINT IS AGAINST (THIS IS THE RESPONDENT)

If there is more than one respondent, you must file a separate complaint against each respondent.

Name of business, organization or association		
Mailing address		
Town or city	Province	Postal code
Name of President, Chief Executive Officer or Band Manager <i>(include the person's title)</i>	Telephone number <i>(include area code)</i>	Fax number <i>(include area code)</i>

GRIEVANCE OR OTHER REDRESS PROCEDURES

According to the Canadian Human Rights Act, the Commission may decide not to deal with your complaint until you have exhausted all other redress procedures. These procedures may be available through a union or through other Acts of Parliament. Please provide the following information:

What actions have you taken so far to deal with this problem? *Select only those that apply.*

- Grievance
 Internal complaint
 Complaint under the *Canada Labour Code*
 Other _____

What is the status of these actions? *Select only those that apply.*

- Complaint or grievance filed
 Currently proceeding
 Waiting for arbitration
 Final decision rendered
 Other _____

Are you a member of a trade union or equivalent? Yes No

If **yes**, please provide the following information:

Name of your trade union or equivalent			
Mailing address			
Town or city	Province	Postal code	
Name of your union representative			
Work phone number <i>(include area code)</i>	Cell phone number <i>(include area code)</i>	Fax number <i>(include area code)</i>	Email address

I hereby give permission to the Commission to contact my trade union or equivalent regarding my grievance.

Complainant's signature _____ **Date** _____

COMPLAINT FORM

For Office Use Only: File Number

Your name (*You are the complainant*)

First name

Last name

Who are you complaining against? (*This is the respondent*)

(If your complaint is accepted, the Commission will send a copy of this complaint to the respondent.)

Name of business, organization or association

Identify the area(s) in which you believe the discrimination took place:

Please select only those areas that apply to this complaint.

- Goods, services, facilities or accommodation
- Commercial premises or residential accommodation
- Employment
- Employment applications or advertisements
- Membership in a trade union or employee organization
- Discriminatory policy or practice
- Equal wages
- Publication of discriminatory notices, signs, symbols, emblems or other representations
- Hate messages
- Harassment
- Retaliation for having filed a previous complaint under the *Canadian Human Rights Act*

Identify the ground(s) of discrimination that you believe apply:

Please select only those grounds that apply to this complaint.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Race <input type="checkbox"/> National or ethnic origin <input type="checkbox"/> Colour <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Disability | <ul style="list-style-type: none"> <input type="checkbox"/> Sex (includes pregnancy and childbirth) <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Marital status <input type="checkbox"/> Family status <input type="checkbox"/> Conviction for which a pardon has been granted |
|--|---|

Please select the box that applies to you:

- Canadian citizen
- Permanent resident
- In Canada on a Visa as a visitor, student or temporary foreign worker

(If none of these apply to you, you may not have status to file a complaint. In such a case, call the Commission to talk to an officer before submitting a complaint.)

In what city and province (or territory) did these events happen? (If the events took place outside Canada, call the Commission to talk to an officer before submitting a complaint.)

City or town:	Province:
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When did the discrimination take place? Give the start date and the last date of the alleged events. If the discrimination is still happening, select “ongoing”.

The Commission can refuse to deal with a complaint that is filed more than one year after the alleged discrimination took place.

Start date: (dd/mm/yyyy)	
Last date: (dd/mm/yyyy)	<input type="checkbox"/> Ongoing

Write a statement to support your complaint. Please include all of the following information:

- Who discriminated against you? Give the full names of the people involved in your complaint.
- What happened? Were you treated differently from others? Give the dates of each event.
- Did this treatment have a negative effect on you? How were you affected?
- For each ground that you checked above, please give details. For example, if you checked race, please indicate your race. Explain how you were discriminated against based on each ground.

Instructions:

Write out your allegations in the box below. You cannot save this document electronically. If you exit the form, you will lose your data. You may wish to type out your allegations using a word processor, then copy and paste them into the box below. The text must not be more than 84 characters per line of text including blank spaces and a maximum of 114 lines of text including any returns (empty lines). Do not attach any other documents to the complaint. If your complaint is accepted, you may be asked for these documents at a later date.

Complaints that are not in this format may be returned.

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Please read the statements below and sign and date this form to confirm your agreement:

I am making a complaint under the *Canadian Human Rights Act* (the Act) for assessment by the Canadian Human Rights Commission (the Commission). I have reasonable grounds for believing that I have been the victim of discrimination on the basis of one or more of the prohibited grounds specified in the Act. I declare that the information I provided is true to the best of my knowledge or belief.

I understand that the personal information provided in this complaint form is collected under the authority of the Act and, along with all of the personal information obtained or compiled by the Commission regarding this complaint, will be protected under the *Privacy Act*. Such information is to be used and/or disclosed for the purpose of the processing of this human rights complaint (or some consistent purpose) or as otherwise required by law. As such, any and all of the information that I provide may be shared with the respondent. I understand that, if the Commission requests that the Canadian Human Rights Tribunal institute an inquiry into the complaint, the Commission will provide the complaint file (including all of my personal information) to the respondent. I also understand that my personal information may be publicly disclosed during a Tribunal hearing, in a Tribunal ruling and/or by the Federal Court, should there be a judicial review concerning my complaint.

I consent to the release to the Commission of all information and documents concerning me that the Commission considers necessary to deal with my complaint. Such documents may include my personnel records or data, and medical or hospital records which relate to the complaint. I also authorize the Commission to have such information examined by any person it retains to provide advice and assistance in dealing with my complaint.

Complainant's signature _____ **Date** _____

