



Pursuant to Section 37(2) of the *Human Rights Code* the Ontario Human Rights Commission (the Commission) may intervene as a party in an application before the Human Rights Tribunal of Ontario if the applicant has consented.

The applicant must sign the attached Consent Form if the Commission is intervening as a party with the applicant's consent.

Application Information	
Tribunal File Number:	
Name of Applicant:	
Name of Each Respondent:	

1. Contact Information for the Commission					
Name of Contact Person				LSUC No. (if applicable)	
Street Number	Street Name			Apt/Suite	
City/Town	Province	Postal Code	Email		
Daytime Phone	Cell Phone	Fax	TTY		

What is the best way to send information to you? Mail Email Fax
(If you check email, you are consenting to the delivery of documents by email.)

2. What are the issues the Commission wants to address?

3. What is the Commission's position, if any, on each of the facts and issues raised in the application and response?



4. What are all the material facts upon which the Commission will rely?

5. What remedy is the Commission seeking?

6. On what terms does the Commission seek to intervene?

7. If the Commission has documents that are important to the application, list them here. Copies do not need to be sent at this time.

Document name	Why the document is important to the application



8. If the Commission believes the applicant and/or respondent(s) have documents that are important to the application, list them here.

Document name	Why the document is important to the application	Name of person who has it

9. If the Commission believes another person or organization has documents that are important to the resolution of the application, list them here.

Document name	Why the document is important to the application	Name of person who has it

10. Signature

By signing my name, I declare that, to the best of my knowledge, the information that is found in this form is complete and accurate.

Name:	
Signature:	Date: (dd/mm/yyyy)

Please check this box if you are filing your application electronically. This represents your signature. You must fill in the date, above.

Collection of Information:

Under the Ontario *Human Rights Code*, the Human Rights Tribunal of Ontario (HRTO) has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the HRTO uses your personal information, contact the HRTO at 416-326-1312 or 1-866-598-0322 (toll-free.)



Complete this form to consent to the Ontario Human Rights Commission's intervention as a party to an application where you are the applicant.

Application Information	
Tribunal File Number:	
Name of Each Respondent:	

Your Information					
First (or Given) Name		Last (or Family) Name		Organization (if applicable)	
Street Number	Street Name			Apt/Suite	
City/Town		Province	Postal Code	Email	
Daytime Phone	Cell Phone		Fax	TTY	

I, _____, the applicant in Tribunal File No. _____ consent to the Ontario Human Rights Commission's intervention.
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Signature	
By signing my name, I declare that, to the best of my knowledge, the information that is found in this form is complete and accurate.	
Name:	
Signature:	Date: (dd/mm/yyyy)

Please check this box if you are filing your consent electronically. This represents your signature. You must fill in the date, above.

Collection of Information:

Under the Ontario *Human Rights Code*, the Human Rights Tribunal of Ontario (HRTO) has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the HRTO uses your personal information, contact the HRTO at 416-326-1312 or 1-866-598-0322 (toll-free.)