



This application must be delivered to the named respondent(s) and any affected persons identified in the application before it is filed together with a *Statement of Delivery* (Form 23) with the Tribunal.

### **Information for all respondent(s) and affected persons named in this application**

#### **To respond to a Commission application follow these steps:**

1. Fill out *Response to an Application by the Ontario Human Rights Commission* (Form 8).
2. Deliver a copy of Form 8 to the Commission and any other parties or identified affected persons named in the application.
3. Complete a *Statement of Delivery* (Form 23).
4. File Form 8 and Form 23 with the Tribunal.

Form 8 must be filed with the Tribunal no later than **60 days** after this application was delivered to you.

Within 45 days of the filing of the response(s) the Tribunal will convene a case conference with all the parties and affected persons to discuss the conduct of the proceeding.

### **Download Forms**

Download forms from the Forms & Filing section of the HRTO web site at  
a paper copy or accessible format, contact us:

If you need

Human Rights Tribunal of Ontario  
655 Bay Street, 14th floor  
Toronto, Ontario M7A 2A3

Phone: 416-326-1312 Toll-free: 1-866-598-0322  
Fax: 416-326-2199 Toll-free: 1-866-355-6099  
TTY: 416-326-2027 Toll-free: 1-866-607-1240  
Email:



**1. Commission Contact Information**

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. Respondent Contact Information**

Use this section to name each organization or individual that is alleged to have infringed rights under the Code. These organizations or individuals will be respondents to this application.

If the respondent is an organization, complete **a) Organization Respondent**. If the respondent is an individual, complete **b) Individual Respondent**. If both an organization and an individual are being named, fill out both sections. If there is more than one organization or individual respondent, please attach a separate sheet of paper with the information for each respondent. Number each page.

**a) Organization Respondent**

Full Name of Organization

Contact person in the organization:

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

**b) Individual Respondent**

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



**3. Contact Information – Affected Persons**

If there is any other person or organization (such as a union or occupational association) which might be affected by this Application to the Tribunal (Affected Person) provide their contact information here.

Full Name of Person or Organization

Street Number	Street Name			Apt/Suite
City/Town		Province	Postal Code	Email
Daytime Phone	Cell Phone	Fax	TTY	

**4. Please check each ground of discrimination claimed**

- |  |  |
|--|--|
| <input type="checkbox"/> Race  | <input type="checkbox"/> Sexual solicitation or advances |
| <input type="checkbox"/> Colour  | <input type="checkbox"/> Sexual orientation              |
| <input type="checkbox"/> Ancestry  | <input type="checkbox"/> Family status                   |
| <input type="checkbox"/> Place of origin   | <input type="checkbox"/> Marital status                  |
| <input type="checkbox"/> Citizenship   | <input type="checkbox"/> Age                             |
| <input type="checkbox"/> Ethnic origin   | <input type="checkbox"/> Receipt of public assistance    |
| <input type="checkbox"/> Disability  | <input type="checkbox"/> Record of offences              |
| <input type="checkbox"/> Creed   | <input type="checkbox"/> Association                     |
| <input type="checkbox"/> Sex, including sexual harassment,<br>pregnancy, and gender identity | <input type="checkbox"/> Reprisal or threat of reprisal  |

**5. Please check the area(s) of discrimination claimed**

- |  |   |
|--|---|
| <input type="checkbox"/> Employment                      | <input type="checkbox"/> Contracts                              |
| <input type="checkbox"/> Housing                         | <input type="checkbox"/> Membership in a Vocational Association |
| <input type="checkbox"/> Goods, services, and facilities |   |

**6. Indicate why, in the opinion of the Commission, the application is in the public interest**



**7. What are the facts and issues the Commission wants to address?**

**8. What are the material facts on which the Commission intends to rely?**

**9. What remedies are the Commission seeking under s. 45(3)?**

**10. Does the Commission agree to mediation?**

Do you agree to try mediation?  Yes



**11. List the documents in the Commission's possession that it intends to rely on. Copies do not need to be sent at this time.**

<b>Document name</b>	<b>Why the document is important to the application</b>

**12. List the documents the Commission believes are in the respondent(s)' possession that are relevant to the application.**

<b>Document name</b>	<b>Why the document is important to the application</b>	<b>Name of person who has it</b>

**13. List the documents the Commission believes are in the possession of another person or organization that are relevant to the application.**

<b>Document name</b>	<b>Why the document is important to the application</b>	<b>Name of person who has it</b>



**14. 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.

**Accommodation Required**

If you require accommodation of *Code* related needs please contact the Registrar at  
or

Phone: 416-326-1312      Toll-free: 1-866-598-0322  
Fax: 416-326-2199      Toll-free: 1-866-355-6099  
TTY: 416-326-2027      Toll-free: 1-866-607-1240

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.)