



Complete this Form 1 to file an application under the [Ontario Human Rights Code, R.S.O. 1990, c. H.19](#) (the Code) for yourself or another person. If you are filing an application for a group of people or otherwise under section 34(5) of the Code, please complete Form 1G: Group/34(5) Application instead.

Applicant's Guide

The HRTO cannot provide legal advice of any kind. Consult the [Applicant's Guide](#) before you fill out this form. It contains step-by-step instructions and explains the HRTO process. The Applicant's Guide also has a list of defined terms, and organizations that may give you legal advice about your situation.

How to Complete this Individual Application Form

- This form has 9 sections. An asterisk (*) on this form means you must answer the question.
- **Incomplete forms may be returned.** An HRTO file may not be opened for your Application until the HRTO determines that the Application is complete in accordance with the HRTO Rules of Procedure.
- **DO NOT** attach documents other than as permitted in Section 5 or as required by Section 6. The HRTO will tell you when you need to disclose documents and witness statements to the responding parties and when to submit documents and witness statements to the HRTO to support your Application.
- This form will not save automatically. Please save a copy for your records. **The HRTO does not accept applications submitted by fax.** There are four ways to send this form to the HRTO:
 1. You can send it electronically by clicking "submit" at the bottom. This will open your email browser and allow you to send the form directly to the HRTO Registrar.
 2. You can email it to hrto.registrar@ontario.ca.
 3. You can mail it to: Human Rights Tribunal of Ontario, 15 Grosvenor St., Ground Floor, Toronto, Ontario M7A 2G6.
 4. You can bring it to any of the drop off locations listed on the HRTO website. The HRTO will not print your form for you.
- Submit this form only once. If you file more than one form for the same events, **the HRTO will only accept the first complete form.** If you need accommodation under the Code, please contact hrto.registrar@ontario.ca.

Public Access to Your File and Proceedings

HRTO documents and any documents submitted by the parties during the HRTO process are usually public, as are HRTO proceedings. The HRTO publishes a list of scheduled hearings on the HRTO website so that the public, including the media, may attend. The HRTO's decisions are also published publicly, including online. **This means that your name, the names of people included in your file documents, and any documents or other materials you provide to the HRTO may become public.**

The HRTO may grant anonymization and other confidentiality orders in exceptional circumstances, and routinely anonymizes the names of children. Please refer to the HRTO's [Practice Direction on Anonymization](#) for more information.



Section 1: Applicant Information

Unless you don't have one, you must provide the HRTO with an email address **and keep all of your contact information up to date** so that the HRTO and other parties can send you materials related to your file. A document sent to the email address you provide to us will be considered by the HRTO to have been received by you unless it is returned as undeliverable.

Are you completing this Application for yourself or on behalf of someone else?

- I am completing this Application for myself and I am representing myself [OPTION A APPEARS]
- I am a representative, completing this Application as the representative for another person and I am not their Litigation Guardian [OPTION A and OPTION B APPEARS]
- I am completing this Application for myself and I am also authorizing someone to represent me. I understand that if I choose this option, the HRTO and the other parties will send all communication and documents to my representative only and not to me. I understand that it is up to me to arrange to get information about my file from my representative. [OPTION A and OPTION B APPEARS]
- I am completing this Application as the Representative or Litigation Guardian on behalf of a minor [OPTION C and OPTION B] APPEARS WITH THE INFORMATION FROM FORM 4A]
- I am completing this Application as the Representative or Litigation Guardian for a person without mental capacity [OPTION D and OPTION B] APPEARS WITH THE INFORMATION FROM FORM 4B]
- I am completing this Application for a group of people, or for another person under section 34(5) of the Code **DO NOT USE THIS FORM. FILE FORM 1G: GROUP/34(5) APPLICATION** instead.

OPTION A

Applicant Information

Legal last name *	Legal first name *	Legal middle name
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Preferred name (example: traditional name, nickname, alias):

Use my preferred name:

- When talking to me
 When writing to me
 In decisions in addition to my legal name

Pronouns:

- She
 He
 They
 Other:



Email address: *

Select this box if you do not have an email address where you can be reached

Mailing Address: *

Unit number	Street number *	Street name *
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City *	Province *	Postal Code *
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Select this box if you do not have a mailing address where you can be reached

Phone numbers: *

Primary Phone Number	Secondary Phone Number	TTY
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Select this box if you do not have a phone number where you can be reached

OPTION B

Representative Information

Type of representative: *

- Lawyer
- Paralegal
- Other (See Applicant's Guide for permitted representatives)

Representative's legal last name *	Representative's Legal first name *
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Representative's firm name:

Pronouns:

- She He They Other:



Email address: *

Select this box if you do not have an email address for your representative

Mailing Address*

Unit number	Street number *	Street name *
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City *	Province *	Postal Code *
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Select this box if you do not have a mailing address for your representative

Phone numbers: *

Primary Phone Number	Secondary Phone Number	TTY
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Select this box if you do not have a phone number for your representative

OPTION C

Litigation Guardian on Behalf of a Minor

MINOR'S NAME AND DATE OF BIRTH

Legal last name *	Legal first name *	Date of Birth (MM/DD/YYYY)*
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LITIGATION GUARDIAN'S NAME AND CONTACT INFORMATION

Legal last name *	Legal first name *	Legal middle name
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Preferred name (example: traditional name, nickname, alias):

Use my preferred name:

When talking to me When writing to me In decisions in addition to my legal name



Pronouns:

She He They Other:

Email address: *

Select this box if you do not have an email address where you can be reached

Mailing Address: *

Unit number	Street number *	Street name *
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City *	Province *	Postal Code *
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Select this box if you do not have a mailing address where you can be reached

Phone numbers: *

Primary Phone Number	Secondary Phone Number	TTY
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Select this box if you do not have a phone number where you can be reached

LITIGATION GUARDIAN'S DECLARATION

For each declaration below please select the box confirming the statement.

1. I declare that I consent to and am prepared to act as litigation guardian for (name), a minor under the age of 18 years, in this Application before the Human Rights Tribunal of Ontario.

2. I declare that I am at least 18 years of age and that I understand the nature of this proceeding.

3. I declare that:

I am a parent or legal guardian with lawful custody of the minor and with whom the minor resides.

OR

I am another person with lawful custody of the minor. (You must attach the document that provides you with custody of the minor)

OR

My relationship with the minor is as follows: _____



4. I declare that:

There are no other persons, including no other parent, with custody or legal guardianship of the minor.

OR

(NAME) has custody or legal guardianship of the minor and I have provided that person or organization with a copy of all the materials related to this Application, as well as a copy of Tribunals Ontario’s Practice Direction on Litigation Guardians.

5. I declare that I have no interest that would conflict with the interests of the person represented.

6. I declare that I will diligently attend to the interests of the person represented and shall take all steps necessary for the protection of those interests including:

- a) to the extent possible, informing and consulting with the person represented about the proceedings;
- b) considering the impact of the proceeding on the person represented;
- c) deciding whether to retain a representative and providing instructions to the representative; and
- d) assisting in gathering evidence to support the proceeding and putting forward the best possible case to the Tribunal.

OPTION D

Litigation Guardian Mental Capacity

NAME OF PERSON REPRESENTED

Legal last name *	Legal first name *	Legal middle name

LITIGATION GUARDIAN’S NAME AND CONTACT INFORMATION

Legal last name *	Legal first name *	Legal middle name

Preferred name (example: traditional name, nickname, alias):

Use my preferred name:

When talking to me When writing to me In decisions in addition to my legal name

Pronouns:

She He They Other:



Email address: *

Select this box if you do not have an email address where you can be reached

Mailing Address: *

Unit number	Street number *	Street name *
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City *	Province *	Postal Code *
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Select this box if you do not have a mailing address where you can be reached

Phone numbers: *

Primary Phone Number	Secondary Phone Number	TTY
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Select this box if you do not have a phone number where you can be reached

LITIGATION GUARDIAN'S DECLARATION

For each declaration below please select the box confirming the statement.

- 1. I request to act as litigation guardian for (NAME) _____, a person who lacks the mental capacity to participate in this Application before the Human Rights Tribunal of Ontario.
- 2. I declare that I am at least 18 years of age and that I understand the nature of this proceeding.
- 3. I declare that my relationship with the person is as follows:

4. I declare that:

- I do not have any existing substitute decision making authority for the person.

OR



I am a court appointed litigation guardian or substitute decision-maker for the person and have the authority to conduct this proceeding. (Please attach a copy of the document(s) authorizing you to act in this capacity i.e. a continuing power of attorney and related document(s), or appointment under the *Substitute Decisions Act, 1992*, or Court order.) **[IF THIS APPLIES, YOU NEED NOT COMPLETE SECTIONS 5-8 OF THIS FORM.]**

OR

I am a substitute decision maker for the person with respect to matters other than this Application. Please attach a copy of the document authorizing you to act in this capacity (i.e. a continuing power of attorney, or appointment under the *Substitute Decisions Act, 1992*).

5. I declare that no other person has authority to be the litigation guardian for the person in this tribunal proceeding.

6. I declare that:

No other person has guardianship or substitute decision making powers for the person for any matters.

OR

(NAME) _____ holds power of attorney or guardianship for the person for other matters, but this power does not apply to the conduct of this proceeding. I have provided that person or organization with a copy of all the materials related to this Application and a copy of Tribunals Ontario's Practice Direction on Litigation Guardians.

7. I declare that I believe:

- a) the person for whom I seek to be a litigation guardian does not have the mental capacity to make decisions about this Application on his or her own behalf;
- b) if the person is the applicant, the person does not have the mental capacity to consent to an Application being brought on his or her behalf under section 34(5) of the *Human Rights Code*;
- c) the person cannot understand information relevant to making the decisions to commence an Application (if applicable), delegate the power to pursue or respond to an Application, or withdraw or settle an Application; and is not able to appreciate the reasonably foreseeable consequences of making or not making such decisions.

8. I declare that the reasons for my belief that the person is not mentally capable of making decisions about this Application, and the nature and extent of the disability causing the mental incapacity, are as follows (attach additional pages as needed to explain the basis of the person's incapacity and evidence in support):

[NOTE TO DRAFT: FIELD SHOULD EXPAND TO NO MORE THAN 250 WORDS, AND SHOULD NOT PERMIT FONT OTHER THAN ARIAL 12]



- 9. I declare that I have no interest that would conflict with the interests of the person I am representing.
- I declare that I will diligently attend to the interests of the person represented and shall take all steps necessary for the protection of those interests including:
 - a) to the extent possible, informing and consulting with the person represented about the proceedings;
 - b) considering the impact of the proceeding on the person represented;
 - c) deciding whether to retain a representative and providing instructions to the representative; and
 - d) assisting in gathering evidence to support the proceeding and putting forward the best possible case to the Tribunal.

Section 2: Respondent Information

The respondent is the organization or a person you believe discriminated against you. See the HRTO [Practice Direction on Naming Respondents](#) for more information.

You must provide correct contact information for the respondent(s). If possible, please provide an email address for the respondent as this is the default method of delivery for the HRTO.

Type of Respondent *

- Organizational Respondent [OPTION E APPEARS]
- Individual Respondent [OPTION F APPEARS]

OPTION E

Organizational Respondent

Organizational respondents are usually entities such as a corporate employer, landlord, government body, service provider, business or union. Try to choose a contact for the organization that you think has authority to respond to your Application. Note that that contact person you list in this section will not be considered a respondent unless you also include them under the “Individual Respondent” section.

Name of Organizational Respondent*	Contact name*	Contact title
Relationship to you (example: your employer, landlord, government body)		



Email address: *

Select this box if you do not have an email address for the organizational respondent

Mailing Address*

Unit number	Street number *	Street name *
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City *	Province *	Postal Code *
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Select this box if you do not have a mailing address for the organizational respondent

Phone numbers: *

Primary Phone Number	Secondary Phone Number	TTY
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Select this box if you do not have a phone number for the organizational respondent

Add another Organizational Respondent **[ADD ANOTHER OPTION E]**

Add an Individual Respondent **[ADD OPTION F]**

OPTION F

Individual Respondent

Legal last name *	Legal first name *	Legal middle name
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Relationship to you (example: your employer, landlord, service provider)

Email address: *

Select box if you do not have an email address for the individual respondent



Mailing Address: *

Unit number	Street number *	Street name *
City *		Province *
Postal Code *		

Select this box if you do not have a mailing address for the individual respondent

Phone numbers: *

Primary Phone Number	Secondary Phone Number	TTY
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Select this box if you do not have a phone number for the individual respondent

- Add another Individual Respondent **[ADD ANOTHER OPTION F]**
- Add an Organizational Respondent **[ADD OPTION E]**

Section 3: Areas of Alleged Discrimination under the Code

The Code prohibits discrimination in five “areas”. Check the area(s) that apply to this Application. *

- Employment **[OPTIONS G AND H APPEARS WHEN CHECKED]**
- Housing/Accommodation
- Goods, services and facilities
- Contracts
- Membership in a trade union, trade or occupational association or self-governing profession

OPTION G

Select any boxes that apply to this Application:

- The respondent is my former employer
- The respondent is my current employer
- The respondent is the employer at a place where I wanted to work
- The respondent is an employment agency
- The respondent is a union or employee association
- The respondent is a supervisor, manager, boss, or another employee



OPTION H

- I was a member of a union or other occupational/professional association while I experienced the events related to this Application (The HRTO will forward a copy of this Application to the Union/Association) **[OPTION H1 APPEARS]**

OPTION H1

Name of Union/Association*	Contact Name*	Contact Title

Email address: *

- Select this box if you do not have an email address for your Union/Association

Mailing Address*

Unit number	Street number *	Street name *
City *	Province *	Postal Code *

- Select this box if you do not have a mailing address for your Union/Association

Phone numbers: *

Primary phone number*	Secondary phone number	TTY

- Select this box if you do not have a phone number for your Union/Association



Section 4: Grounds of Discrimination and Breaches of the Code

The Code includes a list of specific “grounds” of discrimination. Check the ground(s) that apply to this Application. *

- Race
- Ancestry
- Place of Origin
- Colour
- Ethnic Origin
- Citizenship
- Creed
- Sex (including pregnancy)
- Sexual orientation
- Gender Identity
- Gender Expression
- Age
- Marital Status
- Family Status (note: family status refers to the status of being in a parent and child relationship)
- Disability
- Sexual Harassment
- Sexual Solicitation or Advances
- Receipt of Public Assistance (you may only select this if you selected Housing/Accommodation in Section 3)
- Record of Offences as defined in the Code (you may only select this if you selected Employment in Section 3)
- Association with a person identified by a ground listed above
- Reprisal/Threat of Reprisal

Section 5: Facts that Support Your Application

Did the events you describe in this Application happen in Ontario? *

- Yes
- No

What was the date of the last incident related to this Application? *



Your application must be made within one year of the last incident of discrimination you experienced. If you are filing this form more than one year after the last incident of discrimination, you must explain why you were unable to file it within one year in the section below.

[NOTE TO DRAFT: FIELD SHOULD EXPAND TO NO MORE THAN 250 WORDS, AND SHOULD NOT PERMIT FONT OTHER THAN ARIAL 12]

In a few words, describe:

- how the respondent(s) discriminated against (harmed) you in the “area” you selected under Section 3 (for example, employment)
- AND
- how the “grounds” you selected in Section 4 are “a factor in” or “linked to” that discrimination (harm).

Be specific. Tell your story using numbered paragraphs and be specific. Start from the beginning and end on the date of the last event of discrimination. Make sure to include:

- **What** happened;
- **When** it happened (day/month/year);
- **Where** it happened (must have happened in Ontario);
- **How the respondent** was responsible; and
- **How** the event affected you (e.g., financial, social, emotional, mental health, or other effect).

You can use the space provided below OR you can submit an additional document to provide the information requested in this section 5. If you submit an additional document, please name it Schedule A. If you attach a Schedule A, it will only be accepted if it is 5 pages or less in at least size 12 Arial font (or the handwritten equivalent).

The HRTO will ask you for more information if required.

[NOTE TO DRAFT: FIELD SHOULD EXPAND TO NO MORE THAN 5 PAGES BY SELECTING ADDITIONAL PARAGRAPHS, AND SHOULD NOT PERMIT FONT OTHER THAN ARIAL 12]

[Add New Paragraph](#)

Section 6: Other Legal Proceedings

Examples of other proceedings include but are not limited to a union grievance, WSIB claim, Employment Standards proceedings, arbitration or any civil court proceeding including in Small Claims Court.



Is there or has there been another proceeding based on the same events/facts as this Application? *

- Yes – provide the HRTO with a copy of the statement of claim or other document that started the proceeding, and a copy of any decision if it has been completed **[OPTION I APPEARS]**
- No

OPTION I

Describe the other proceeding:

[NOTE TO DRAFT: FIELD SHOULD EXPAND TO NO MORE THAN 200 WORDS, AND SHOULD NOT PERMIT FONT OTHER THAN ARIAL 12]

[Add New Paragraph \(+\)](#)

What stage is the other proceeding at? Has there been a hearing? When do you expect a decision?

[NOTE TO DRAFT: FIELD SHOULD EXPAND TO NO MORE THAN 200 WORDS, AND SHOULD NOT PERMIT FONT OTHER THAN ARIAL 12]

[Add New Paragraph \(+\)](#)

Section 7: Remedy

If the HRTO concludes that the Code was breached, it may award you a remedy. The types of remedies the HRTO may order if discrimination is found include:

- Monetary compensation
- Non-monetary remedies
- Remedies for future compliance with the Code (public interest remedies)

What remedies are you asking for? *

- Monetary compensation \$ _____
- Non-monetary remedies/Remedies for future compliance:

[NOTE TO DRAFT: FIELD SHOULD EXPAND TO NO MORE THAN 400 WORDS, AND SHOULD NOT PERMIT FONT OTHER THAN ARIAL 12]

[Add New Paragraph \(+\)](#)



Section 8: Mediation

At a mediation, a mediator works with the parties to try to help them reach a voluntarily settlement to the dispute.

The HRTO encourages parties to try mediation. Mediation at the HRTO is free, voluntary and confidential. Mediation is often the fastest way to resolve your file. For mediation to take place, all the parties must agree to participate.

If your file is resolved during mediation, you will not need to have a hearing. If your file is not resolved during mediation, there is no negative impact, and a different HRTO adjudicator will preside over your hearing.

Do you agree to try mediation? *

- Yes
- No, I am familiar with mediation and choose not to participate

Section 9: Declaration and Signature

You can sign and date your own application, OR it can be signed on your behalf by the authorized, licensed lawyer or paralegal whose contact information is provided in Section 1. See the HRTO's [Practice Direction on Electronic Filing by Licensed Representatives](#) for more information.

To the best of my knowledge, the information in this Application is complete and accurate

Authorized signature
(If filing electronically, type your last name, first name; this will represent your electronic signature) *

Date (mm/dd/yyyy) *