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| (Disponible en français)  [**www.hrto.ca**](http://www.hrto.ca)  **How to Apply to the Human Rights Tribunal of Ontario**  **Before you start:**   1. Read the questions and answers below to find out if the Human Rights Tribunal of Ontario (the Tribunal) has the ability to deal with your Application. 2. Download and read the **Applicant’s Guide** from the Tribunal's website www.hrto.ca. If you need a paper copy or accessible format, contact us:   Human Rights Tribunal of Ontario Phone: 416-326-1312 Toll-free: 1-866-598-0322  655 Bay Street, 14th floor Fax: 416-326-2199 Toll-free: 1-866-355-6099  Toronto, Ontario TTY: 416-326-2027 Toll-free: 1-866-607-1240  M7A 2A3 Email: [hrto.registrar@ontario.ca](mailto:hrto@ontario.ca)  Website: www.hrto.ca  The Tribunal has other guides and practice directions to help all parties to an application understand the process. Download copies from the Tribunal’s website at [www.hrto.ca](http://www.hrto.ca/) or contact us.   1. Complete each section of this Application form. As you fill out each section, refer to the instructions in the **Applicant's Guide**.   **Getting help with your Application**  For free legal assistance with the application process, contact the **Human Rights Legal Support Centre.**  Website: www.hrlsc.on.ca. Mail: 180 Dundas Street West, 8th Floor, Toronto, Ontario M7A 0A1. Phone: 416-597-4900. Toll-free: 1-866-625-5179. Fax: 416-597-4901; Toll-free fax: 1-866-625-5180. TTY: 416-597-4903. Toll-free TTY: 1-866-612-8627.  **Questions About Filing an Application with the Tribunal**  The following questions and answers are provided for general information. They should not be taken as legal advice or a determination of how the Tribunal will decide any particular application. For legal advice and assistance, contact the **Human Rights Legal Support Centre**.  **Who can file an Application with the Tribunal?**  You can file an application if you believe you experienced discrimination or harassment in one of the five areas covered by the Ontario *Human Rights Code* (the *Code*). The *Code* lists a number of grounds for claiming discrimination and harassment. To find out if you have grounds for your complaint under the *Code*, read the **Applicant's Guide**.  **What is the time limit for filing an Application?**  You can file an application up to one year after you experienced discrimination or harassment. If there was a series of events, you can file up to one year after the last event. In some cases, the Tribunal may extend this time.  **The discrimination happened outside Ontario. Can I still apply?**  In most cases, no. To find out about exceptions, contact the **Human Rights Legal Support Centre**.  **My complaint is against a federal government department, agency, or a federally regulated business or service. Should I apply to the Tribunal?**  No. Contact the Canadian Human Rights Commission. Website: www.chrc-ccdp.ca. Mail: 344 Slater Street, 8th Floor, Ottawa, Ontario K1A 1E1. Phone: (613) 995-1151. Toll-free: 1-888-214-1090. TTY: 1-888-643-3304. Fax: (613) 996-9661.  **Should I use this form if I am applying because a previous human rights settlement has been breached?**  No. If you settled a previous human rights application and the respondent did not comply with the settlement agreement, use the special application called **Application for Contravention of Settlement, Form 18**. For a paper copy, contact the Tribunal.  **Can I file this Application if I am dealing with or have dealt with these facts or issues in another proceeding?**  The *Code* has special rules depending on what the other proceeding is and at what stage the other proceeding is at. **Read the Applicant's Guide and get legal advice, if:**   1. You are currently involved in, or were previously involved in a civil court action based on the same facts and asked for a human rights remedy; or 2. You have ever filed a complaint with the Ontario Human Rights Commission based on the same subject matter; or 3. You are currently involved in, or were previously involved in another proceeding (for example, union grievance) based on the same facts.   **How do I file an application on behalf of another person?**  To file an application on behalf of another person, you must complete and file this Application (Form 1) as well one other form:   * Form 4A if you are filing on behalf of a minor; * Form 4B if you are filing on behalf of a mentally incompetent person; or * Form 27 for all other situations where you are filing on behalf of someone else.     When completing this Application, you must check the box in Question 1 that indicates you are filing an Application on Behalf of Another Person (. You must provide your name and contact information in Question 1.  The completed Form 4A, Form 4B or Form 27 can be attached to your Application or sent to the Tribunal separately by mail, fax or email. If sent separately, it must be sent within **five (5) days** following the filing of your Application.  For more information on applications on behalf of another person, please see the following Practice Directions:   * Practice Direction on filing application on behalf of another person under section 34(5) of the Code * Practice Direction on Litigation Guardians before Social Justice Tribunals Ontario   **Note**: If you are a lawyer or other legal representative providing representation to the applicant, do not use the Form 4A, Form 4B or Form 27. Your details should be provided in section 3, “Representative Contact Information,” of this Application (Form 1).  **Learn more**  To find out more about human rights in Ontario, visit www.ohrc.on.caor phone 1-800-387-9080.  **Instructions:** Complete all parts of this form, using the **Applicant’s Guide** for help. If your form is not complete, the Tribunal may return it to you. This will slow down the application process. If you are filling this out on paper, please print and ensure that the information you include is legible. At the end of this form, you will be required to read and agree to a declaration that the information in your Application is complete and accurate (if you are a lawyer or legal representative assisting an applicant with this Form 1, please see the **Practice Direction On Electronic Filing of Applications and Responses By Licensed Representatives**). | | | | | | | | | | | | |
| Contact Information for the Applicant | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. Personal Contact Information | | | | | | |  | | | | | |
| Check here if you are filing an Application on Behalf of Another Person. **Note**: you must *also* complete a Form 4A, Form 4B or Form 27, whichever is applicable, see Instructions above. | | | | | | | | | | | | |
| Please give us your personal contact information. This information will be shared with the respondent(s) and all correspondence from the Tribunal and the respondent(s) will go here. If you do not want the Tribunal to share this contact information, you should complete section 2, below, but you must still provide your personal contact information for the Tribunal’s records. | | | | | | | | | | | | |
| First (or Given) Name | | | | Middle Name | | | | | | Last (or Family) Name | | |
|  | | | |  | | | | | |  | | |
| Street # | 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?**  (if you check email, you are consenting to the delivery of documents by email) | | | | | | | | | | | | Mail  Email  Fax |
|  | | | | | | | | | | | | |
| 2. Alternative Contact Information | | | | | | | |  | | | | |
| If you want the Tribunal and respondent(s) to contact you through another person, you must provide contact information for that person below. You should fill this section out if it will be difficult for the Tribunal to reach you at the address above or if you want the Tribunal to keep your contact information private. **If you complete this section, all of your correspondence will be sent to you in care of your Alternative Contact.** | | | | | | | | | | | | |
| First (or Given) Name | | | | Middle Name | | | | | | Last (or Family) Name | | |
|  | | | |  | | | | | |  | | |
| Street # | 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 at your alternative contact**?  (if you check email, you are consenting to the delivery of documents by email) | | | | | | | | | | | | Mail  Email  Fax |
|  | | | | | | | | | | | | |
| 3. Representative Contact Information | | | | | | | | |  | | | |
| Complete this Section only if you are authorizing a lawyer or other Representative to act for you.  I authorize the organization and/or person named below to represent me.  My representative is:   |  |  |  | | --- | --- | --- | | Lawyer | LSUC# |  | | Paralegal | LSUC# |  | | Legal Support Centre | |  | | Other- please specify the Nature of Exemption from licensing requirements in the text below: | | | | Nature of Exemption (e.g. family member, unpaid friend) | | | |  | | | | | | | | | | | | | | | |
| First (or Given) Name | | | | | | Last (or Family) Name | | | | | | |
|  | | | | | |  | | | | | | |
| Organization (if applicable): | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Street # | Street Name | | | | | | | | | | Apt/Suite | |
|  |  | | | | | | | | | |  | |
| City/Town | | Province | | | | Postal Code | | | | | Email | |
|  | |  | | | |  | | | | |  | |
| Daytime Phone | | Cell Phone | | | | Fax | | | | | TTY | |
|  | |  | | | |  | | | | |  | |
| LSUC No. (if applicable): | | |  | | | | | | | | | |
| **What is the best way to send information to your representative?**  (if you check email, you are consenting to the delivery of documents by email) | | | | | | | | | | | | Mail  Email  Fax |
|  | | | | | | | | | | | | |
| **4. Respondent Contact Information** | | | | | | | | | | | | |
| Provide the name and contact information for any respondent against which you are filing this Application. If there is more than one respondent and you are filling this out on paper, please attach a separate sheet of paper with the information for each respondent. Number each page.  **a) Organization Respondent**  Name the organization you believe discriminated against you. You should also indicate the contact person from the organization to whom correspondence can be addressed. | | | | | | | | | | | | |
| Full Name of Organization | | | | |  | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Name of Contact Person from the Organization | | | | | | |
| First (or Given) Name | | | Last (or Family) Name | | Title | |
|  | | |  | |  | |
| Street # | Street Name | | | | | Apt/Suite |
|  |  | | | | |  |
| City/Town | | Province | | Postal Code | | Email |
|  | |  | |  | |  |
| Daytime Phone | | Cell Phone | | Fax | | TTY |
|  | |  | |  | |  |
|  | | | | | | |
| **b) Individual Respondent**  If you believe that an individual should be a respondent, provide their name and contact information below. Prior to naming individuals, you should consult the Tribunal’s Practice Direction on Naming Respondents available on our website at [www.hrto.ca](http://www.hrto.ca). | | | | | | |
| First (or Given) Name | | | Middle | | Last (or Family Name) | |
|  | | |  | |  | |
| Street # | Street Name | | | | | Apt/Suite |
|  |  | | | | |  |
| City/Town | | Province | | Postal Code | | Email |
|  | |  | |  | |  |
| Daytime Phone | | Cell Phone | | Fax | | TTY |
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| **Grounds of Discrimination** | |
|  | |
| 5. Grounds Claimed |  |
| The Ontario *Human Rights Code* lists the following grounds of discrimination or harassment. Put an "X" in the box beside each ground that you believe applies to your Application. You can check more than one box.  Race  Colour  Ancestry  Place of Origin  Citizenship  Ethnic Origin  Disability  Creed  Sex, Including Sexual Harassment and Pregnancy  Sexual Solicitation or Advances  Gender Identity  Gender Expression  Sexual Orientation  Family Status  Marital Status  Age  Receipt of public assistance (Note: This ground applies only to claims about Housing)  Record of offences (Note: This ground applies only to claims about Employment)  Association with a Person Identified by a Ground Listed Above  Reprisal or Threat of Reprisal | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Areas of Discrimination under the *Code*** | | | | | | | | | | |
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| 6. Area of Alleged Discrimination | | | | | |  | | | | |
| The Ontario *Human Rights Code* prohibits discrimination in five areas. Put an "X" in the box beside the area where you believe you have experienced discrimination (choose one). See **Applicant’s Guide** for more information on each area.  Employment (Complete and attach Form 1-A)  Housing (Complete and attach Form 1-B)  Goods, Services, and Facilities (Complete and attach Form 1-C)  Contracts (Complete and attached Form 1-D)  Membership in a Vocational Association (Complete and attach Form 1-E) | | | | | | | | | | |
| Does your Application involve discrimination in any other areas? | | | | **Yes**  **No** | | | | | | |
| Put an "X" in the box beside any other areas where you believe you experienced discrimination:  Employment HousingGoods, Services, and FacilitiesContracts Membership in a Vocational Association | | | | | | | | | | |
|  | | | | | | | | | | |
| **Facts that Support Your Application** | | | | | | | | | | |
|  | | | | | | | | | | |
| 7. Location and Date (See Applicant’s Guide) | | | | | |  | | | | |
| Please answer the following questions. | | | | | | | | | | |
| **a)** Did these events happen in Ontario? | | | **Yes**  **No** | | | | | | | |
| **b)** In what city/town? | | |  | | | | | | | |
| **c)** What was the date of the last event? (dd/mm/yyyy) | | |  | | | | | | | |
| **d)** If you are applying more than one year from the last event, please explain why: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| 8. What Happened | | | | |  | | | | | |
| In the space below, describe each event you believe was discriminatory. Add more pages if you need to. Number each page.  For each event, be sure to say:  · **What** happened  · **Who** was involved  · **When** it happened (day, month, year)  · **Where** it happened  Be as complete and accurate as possible. Be sure to give details of every incident of discrimination you want to raise in the hearing. | | | | | | | | | | |
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|  | | | | | | | | | | |
| **The Effect On You** | | | | | | | | | | |
|  | | | | | | | | | | |
| 9. How the Events You Described Affected You | | | | | |  | | | | |
| Tell us how the events you described affected you (e.g. were there financial, social, emotional or mental health, or other effects)? Add more pages if you need to. Number each page. | | | | | | | | | | |
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| **The Remedy** | | | | | | | | | | |
|  | | | | | | | | | | |
| 10. The Remedy You are Asking for (See Applicant’s Guide) | | | | | | | | |  | |
| Put an "X" in the box beside each type of remedy you are asking that the Tribunal order. Explain why you want it in the space below.  **Monetary Compensation Enter the Total Amount $**  Explain below how you calculated this amount: | | | | | | | | | | |
|  | | | | | | | | | | |
| **Non-monetary Remedy – Explain below:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Remedy for Future Compliance (Public Interest Remedy) – Explain below:** | | | | | | | | | | |
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| **Mediation** | | | | | | | | | | |
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| 11. Choosing Mediation to Resolve your Application | | | | | |  | | | | |
| Mediation is one of the ways the Tribunal tries to resolve disputes. It is a less formal process than a hearing. Mediation can only happen if both parties agree to it. A Tribunal Member will be assigned to mediate your Application. The Member will meet with you to talk about your Application. The Member will also meet with the respondent(s) and will try to work out a solution that both sides can accept. If mediation does not settle all the issues, a hearing will still take place and a different Member will be assigned to hear the case. Mediation is confidential. | | | | | | | | | | |
| **Do you agree to try mediation?** | | **Yes** | | | | | | | | |
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| Other Legal Proceedings | | | | | | | | | | |
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| 12. Civil Court Action (see Applicant’s Guide) | | | | | |  | | | | |
| **Note**: If you answer "Yes" to any of these questions, you must send a copy of the statement of claim that started the court action. | | | | | | | | | | |
| **a)**  Has there been a court action based on the same facts as this Application? | | | | | | | **Yes (Answer 12b)**  **No (Go to 13)** | | | |
| **b)** Did you ask the court for a remedy based on the discrimination? | | | | | | | **Yes (Answer 12c)**  **No (Answer 12g)** | | | |
| **c)** Is the court action still going on? | | | | | | | **Yes (Answer 13)**  **No (Answer 12d)** | | | |
| **d)** Was the court action settled? | | | | | | | **Yes (Answer 13)**  **No (Answer 12e)** | | | |
| **e)** Has the court action been decided? | | | | | | | **Yes (Answer 13)**  **No (Answer 12f)** | | | |
| **f)** Was the court action withdrawn? | | | | | | | **Yes (Answer 13)**  **No (Answer 12g)** | | | |
| **g)** If the court action does not ask for a remedy based on the discrimination, are you asking the Tribunal to defer (postpone) your Application until the court action is completed? | | | | | | | **Yes**  **No** | | | |
|  | | | | | | | | | | |
| 13. Complaint Filed with the Ontario Human Rights Commission (see Applicant’s Guide) | | | | | | | | | |  |
| **Note:** If you answer "Yes", you must attach a copy of the complaint. | | | | | | | | | | |
| Have you ever filed a complaint with the Commission based on the same facts as this Application? | | | | | | | | | **Yes**  **No** | |
|  | | | | | | | | | | |
| 14. Other Proceeding - in Progress (see Applicant's Guide) | | | | | | | |  | | |
| **Note**: If you answer "Yes" to Question "14a", you must attach a copy of the document that started the other proceeding. | | | | | | | | | | |
| **a)** Are the facts of this Application part of another proceeding that is still in progress? | | | | | | | **Yes (Answer 14b)**  **No (Go to 15)** | | | |
| **b)** Describe the other proceeding: | | | | | | | | | | |
| A union grievance | Name of union: | | | | | | | |  | |
| A claim before another board, tribunal or  agency | Name of board, tribunal, or agency: | | | | | | | |  | |
| Other | Explain what the other proceeding is: | | | | | | | |  | |
| **c)** Are you asking the Tribunal to defer (postpone) your Application until the other proceeding is completed? | | | | | | | | | **Yes**  **No** | |
|  | | | | | | | | | | |
| 15. Other Proceeding - Completed (see Applicant's Guide) | | | | | | | |  | | |
| **Note**: If you answer "Yes" to Question "15a", you must attach a copy of the document that started the other proceeding and a copy of the decision from the other proceeding. | | | | | | | | | | |
| **a)** Were the facts of this Application part of some other proceeding that is now completed? | | | | | | | **Yes (Answer 15b)**  **No (Go to 16)** | | | |
| **b)** Describe the other proceeding: | | | | | | | | | | |
| A union grievance | Name of union: | | | | | | | |  | |
| A claim before another board, tribunal or  agency | Name of board, tribunal, or agency: | | | | | | | |  | |
| Other | Explain what the other proceeding is: | | | | | | | |  | |
| **c)** Explain why you believe the other proceeding did not appropriately deal with the substance of this Application. | | | | | | | | | | |
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| Documents that Support this Application | | | | |
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| 16. Important Documents You Have | | |  | |
| If you have documents that are important to your Application, list them here. List only the most important. Indicate whether the document is privileged. **See the Applicant's Guide.**  **Note: You are not required to send copies of these documents at this time. However, if you decide to attach copies of the documents you list below to your Application they will be sent to the other parties to the Application along with your Application.** | | | | |
|  | | | | |
| Document Name | Why It Is Important To My Application | | | |
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| 17. Important Documents the Respondent(s) Have | | |  | |
| If you believe the respondent(s) have documents that you do not have that are important to your Application, list them here. List only the most important. | | | | |
|  | | | | |
| Document Name | Why It Is Important To My Application | Name of Respondent Who Has It | | |
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| 18. Important Documents Another Person or Organization Has | | | |  |
| If you believe another person or organization has documents that you do not have that are important to your Application, list them here. List only the most important. | | | | |
|  | | | | |
| Document name | Why it is important to my Application | Name of Person or Organization Who Has It | | |
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| Confidential List of Witnesses | | | | |
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| 19. Witnesses | | |  | |
| Please list the witnesses that you intend to rely on in the hearing. **Note:** The Tribunal will not send this list to the respondent(s). **See the Applicant's Guide.** | | | | |
|  | | | | |
| Name of Witness | Why This Witness Is Important To My Application | | | |
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| Other Important Information | | | | |
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| 20. Other Important Information the Tribunal Should Know | | |  | |
| Is there any other important information you would like to share with the Tribunal? | | | | |
|  | | | | |
|  | | | | |
| Checklist of Required Documents | | | | |
|  | | | | |
| 21. Area of Discrimination from Question 6 | | |  | |
| Attach a form for each area you checked in Question 6  Employment (Form 1-A)  Housing (Form 1-B)  Good, Services, and Facilities (Form 1-C)  Contracts (Form 1-D)  Membership in Vocational Association (Form 1-E) | | | | |
|  | | | | |
| 22. Other Documents, from Question 12 to 15 | | |  | |
| Confirm whether you are sending the Tribunal any of the following documents:  A copy of a statement of claim (from Question 12)  A copy of a complaint filed with the Ontario Human Rights Commission (from Question 13)  A copy of a document that started another proceeding based on these facts (from Question 14 or 15)  A copy of a decision from another proceeding based on these facts (from Question 15) | | | | |
| 23. Declaration and Signature | | | | |
| Instructions: Do not sign your Application until you are sure that you understand what you are declaring here.Declaration:To the best of my knowledge, the information in my Application is complete and accurate.I understand that information about my Application can become public at an open hearing, in a written decision, or in other ways determined by Tribunal policies that balance transparency in the justice system and privacy interests of participants.I understand that the Tribunal must provide a copy of my Application to the Ontario Human Rights Commission on request.I understand that the Tribunal may be required to release information requested under the Freedom of Information and Protection of Privacy Act (FIPPA).I understand that the Tribunal makes all of its Decisions and Case Assessment Directions available to the public, including the media on request, and that the Tribunal also makes its decisions available to the public on the websites of the Canadian Legal Information Institute (www.CanLii.org). I also understand that the Tribunal may issue decisions that protect the identity of an applicant, a respondent or a witness in certain circumstances. | | | | |
|  | | | | |
| **Name** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Applicant’s Signature** **Date** (dd/mm/yyyy) | | | | |
| Please check this box if you are filing your Application electronically. This represents your signature.  You must fill out the date, above. | | | | |
| Accommodation Required | | | | |
| If you require accommodation of *Code*-related needs please contact the Registrar at:  Email: HRTO.Registrar@ontario.ca  Phone: 416-326-1519 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 | | | | |
| Where to Send your Application | | | | |
| Note: Only file your Application once. If the Tribunal receives this Application more than once, it will only accept the first Application form received.Send your completed Application form and any attachments to: Human Rights Tribunal of Ontario  655 Bay Street, 14th floor  Toronto, Ontario  M7A 2A3  Fax:416-326-2199 Toll-free: 1-866-355-6099  Email: HRTO.Registrar@ontario.ca | | | | |

**PART I**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Questions About the Respondent(s) | | | | | | | | | |
| **A1** Put an "X" in the box beside each point that describes the Respondent(s) in your case. Check all that apply.  The Respondent is the employer at a place where I wanted to work  The Respondent is my current employer  The Respondent is my former employer  The Respondent is an employment agency  The Respondent is a union or employee association  The Respondent is a supervisor, manager, or boss  The Respondent is another employee  Other - please describe the Respondent(s):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Question About the Job** | | | | | | | | | |
| Please answer these questions. | | | | | | | | | |
| **A2** What was the position or job where you felt there was discrimination? | | | | | | | | | |
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| **A3** What were the requirements (essential job duties) of the position? | | | | | | | | | |
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| **A4** Was it a volunteer position? | | | | | **Yes**  **No** | | | | |
| **A5** Were you employed in this position? | | | | | **Yes  No (Go to A6)** | | | | |
| **a)**  If you answered "yes" to question A5, how long were you in the position? Please give the dates you started and finished. | | | | | From:       To: | | | | |
| **b)**  If you answered "Yes to question A5, what was the pay for the position? | | | | | $ | | | | Hourly  Monthly  Weekly  Yearly |
| **A6** Are you working now? | | | | | **Yes  No (Go to A7)** | | | | |
| **c)** If you answered "yes" to question A6, what is your current pay? | | | | | $ | | | | Hourly  Monthly  Weekly  Yearly |
|  | | | | | | | | | |
| **Questions About Your Union** | | | | | | | | | |
| **A7** Were you a member of a union or other occupational or professional association at the time of the alleged discrimination?  **Yes (Fill out details below)  No (Go to A8)**  If you answered “yes”, the Tribunal will send them notice of this Application. If there is more than one union or occupational or professional association, attach a separate sheet of paper with the information. Number each page. | | | | | | | | | |
| Full Name of Union or Association | | |  | | | | | | |
| Name of Contact Person from Union or Association | | | | | | | | | |
| First (or Given) Name | | | | | | Last (or Family) Name | | | |
|  | | | | | |  | | | |
| Street # | Street Name | | | | | | | Apt/Suite | |
|  |  | | | | | | |  | |
| City/Town | | Province | | Postal Code | | | | Email | |
|  | |  | |  | | | |  | |
| Daytime Phone | | Cell Phone | | Fax | | | | TTY | |
|  | |  | |  | | | |  | |
|  | | | | | | | | | |
| **Questions About What Happened** | | | | | | | | | |
| Alleged Discrimination Before Hiring | | | | | | |  | | |
| **A8** Put an "X" in the box beside each point that describes how you believe were discriminated against.  **I experienced discrimination:**  In a job ad  In an application form  In a job interview  In drug and alcohol testing before hiring  In other kinds of pre-employment testing  In a hiring decision  Other - please explain:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

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| Alleged Discrimination During Employment | | | | |  | |
| **A9** Put an "X" in the box beside each point that describes how believe you were discriminated against.  **I experienced discrimination:**  In my rate of pay, overtime, hours of work, or holiday  In being denied a promotion  In scheduling  In discipline (such suspensions or warning)  In being fired  In comments, displays, jokes, harassment, or a poisoned work environment  In sexual harassment or solicitation or advances  In being denied a workplace opportunity (such as training opportunity). Please describe:    In being denied employment benefits, including time off for medical or other reasons. Please describe:    In drug testing or alcohol testing  In being denied necessary accommodation or modified work in the workplace  Other - please explain:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Workplace Policies or Practices** | | | | | | |
| **A10** Is your Application about a workplace policy? (for example, absenteeism accommodation or holiday policy) | **Yes  No (Go to A11)** | | | | | |
| **a)** If you answered “Yes” to A10, what is the policy? (Attach a copy if available) | | | | | | |
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| **Questions About Complaining to Your Employer** | | | | | | |
| Complete this section only if you complained to someone in authority about the alleged harassment or discrimination. | | | | | | |
| **A11** To whom did you complain? | | | | | | |
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| **A12** Was there an investigation? | **Yes  No (Go to Part II)** | | | | | |
| **a)** If you answered “Yes” to A12, what was the outcome of the investigation? | | | | | | |
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| **PART II**  The following Part asks you to answer how you believe you were harassed or discriminated against based on grounds you identified. If you believe that you were discriminated against or harassed based on more than one ground, fill out all the sections that apply. | | | | | | |
| **Questions About Employment Discrimination on the Grounds of Race, Colour, Ancestry, Place of Origin, Citizenship, or Ethnic Origin** | | | | | | |
| Complete this section only if you believe that you have been discriminated against on one or more of these grounds: race, colour, ancestry, place of origin, citizenship, or ethnic origin. | | | | | | |
| **A13** Explain why you believe you were discriminated against because of your race, colour, ancestry, place of origin, citizenship, or ethnic origin. | | | | | | |
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| **A14**  Please describe how you identify yourself in terms of your race, colour, ancestry, place of origin, citizenship, and ethnic origin. | | | | | | |
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| **Questions About Employment Discrimination on the Ground of Disability or Perceived Disability** | | | | | | |
| Complete this section only if you believe that you have been discriminated against on the ground of disability or perceived disability. | | | | | | |
| **A15** Explain why you believe you were discriminated against based on your disability or a perceived disability. | | | | | | |
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| **A16**  Do you have particular needs related to your disability? | | | **Yes  No (Go to A19)** | | | |
| **a)** If you answered “Yes” to A16, describe your particular needs. | | | | | | |
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| **A17**  Did you ask the Respondent(s) to meet your needs? | | | | **Yes  No (Go to A19)** | | |
| 1. If you answered “Yes” to A17, describe what you asked the Respondent(s) to do. If you named more than   one Respondent, please tell us who you spoke to. | | | | | | |
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| **A18** Did the Respondent(s) try to meet your needs? | | **Yes  No (Go to A19)  Don’t Know (Go to A19)** | | | | |
| **a)** If you answered “Yes” to A18, describe what the Respondent(s) did to meet your needs. If you named  more than one Respondent, please tell us what each did. | | | | | | |
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| **b)** If you answered "Yes" to A19, why do you believe the Respondent(s)’ efforts to meet your needs were not  enough? | | | | | | |
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| **Questions About Employment Discrimination on the Ground of Disability or Perceived Disability** | | | | | | |
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| **A19** Could you have performed the essential duties of the job if the Respondent(s) had taken steps to meet your needs? | | | **Yes  No** | | | |
| **A20** If you had to be off work because of your disability, give the time periods you were off, up to the present. | | | **From:** **To:** | | | |
| **A21** Do you plan to submit medical reports or documents related to your particular needs at the hearing? | | | **Yes  No** | | | |
| **a)** If you answered “Yes” to A21, please list the medical reports or documents here. You do not need to send  copies at this time. | | | | | | |
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| **Questions About Discrimination on the Ground of Creed (Faith, Religion or System of Beliefs)** | | | | | | |
| Complete this section only if you believe that you have been harassed or discriminated against on the ground of creed (faith, religion or system of beliefs). | | | | | | |
| **A22** Explain why you believe you were discriminated against based on your creed. | | | | | | |
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| **A23** Please describe your creed. | | | | | | |
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| **Questions About Employment Discrimination on the Grounds of Sex, Pregnancy, Gender Identity or Gender Expression** | | | | | | |
| Complete this section only if you believe that you have been discriminated against on the grounds of sex, pregnancy, gender identity or gender expression. | | | | | | |
| **A24** Is your Application about discrimination on the ground of pregnancy? | | | **Yes  No** | | | |
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| **A25** Explain why you believe you were discriminated against based on your sex, pregnancy, or gender identity. | | | | | | |
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| **A26** Please identify your sex or describe your gender identity or gender expression | | | | | | |
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| **Questions About Employment Discrimination on the Grounds of Sexual Solicitation, Sexual Advances or Reprisal for Refusing a Sexual Solicitation or Advance** | | | | | | |
| Complete this section only if you believe that you have experienced sexual solicitation, sexual advances or reprisal for refusing a sexual solicitation or advance from someone who is in a position to grant or deny you a benefit, (such as a promotion). | | | | | | |
| **A27** Tell us what happened. | | | | | | |
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| **A28** How was this person in a position to grant or deny a benefit? | | | | | | |
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| **Question About Employment Workplace Harassment Because of a Prohibited Ground of Discrimination, Including Workplace Sexual Harassment, and Poisoned Work Environment** | | | | | | |
| Complete this section only if you believe that you have been discriminated against on the ground of workplace harassment, workplace sexual harassment, or poisoned work environment. | | | | | | |
| **A29** Tell us what happened | | | | | | |
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| **Questions About Employment Discrimination on the Ground of Sexual Orientation** | | | | | | |
| Complete this section only if you believe that you have been discriminated against on the ground of sexual orientation. | | | | | | |
| **A30** Explain why you believe you were discriminated against based on your sexual orientation. | | | | | | |
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| **A31** Please describe your sexual orientation. | | | | | | |
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| **Questions About Employment Discrimination or Harassment on the Grounds of Family or Marital Status** | | | | | | |
| Complete this section only if you believe that you have been discriminated against on the grounds of family or marital status. | | | | | | |
| **A32** Explain why you believe you were discriminated against based on your family or marital status. | | | | | | |
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| **A33** Please describe your family or marital status. | | | | | | |
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| **Questions About Employment Discrimination on the Ground of Age** | | | | | | |
| Complete this section only if you believe that you have been harassed or discriminated against on the ground age. | | | | | | |
| **A34** Explain why you believe you were harassed or discriminated against based on your age. | | | | | | |
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| **A35** Please give your date of birth. (DD/MM/YYYY) | | | | | | |
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| **Questions About Employment Discrimination or Harassment on the Ground of Record of Offences** | | | | | | |
| Complete this section only if you believe that you have been harassed or discriminated against on the ground of having a record of offences. | | | | | | |
| **A36** Do you believe you were discriminated against because of your record of offences under a federal law (Criminal Code offence)? | | | **Yes  No (Go to A37)** | | | |
| **a)** If you answered “Yes” to A36, what was the federal offence? | | | | | | |
|  | | | | | | |
| **b)** If you answered “Yes” to A36, have you received a  pardon for the federal offence? | | | | **Yes  No** | | |
| **c)** If you answered “Yes” to A36, why do you believe you were harassed or discriminated against based on  your record of a federal offence? | | | | | | |
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| **A37** Do you believe you were harassed or discriminated against because of your record of offences under the provincial law (such as the Highway Traffic Act)? | | | | **Yes  No** | | |
| **a)** If you answered “Yes” to A37, what was the provincial offence? | | | | | | |
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| **b)** If you answered “Yes” to A37, why do you believe you were harassed or discriminated against based on  your record of a provincial offence? | | | | | | |
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| **Question About Employment Harassment or Discrimination on the Basis of Association** | | | | | | |
| Complete this section only if you believe that you were discriminated against because the Respondent(s) associated you with a person who is a member of a group identified in the Code. | | | | | | |
| **A38** Please explain why you believe you were discriminated against on the basis of association. | | | | | | |
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| **Questions About Discrimination on the Ground of Reprisal** | | | | | | |
| Complete this section only if you believe that the Respondent(s) have done something to punish you for exercising your rights under the Ontario Human Rights Code.  **A39** Put an "X" in each box that applies to you:  I claimed or enforced my rights under the Code (Go to A41)  I refused to infringe on another person's rights under the Code (Go to A41)  I started or took part in a human rights proceeding (Go to A40)  **A40** If you marked that you started or took part in a human rights proceeding in A39, put an "X" in each box that applies to you and give any file number(s).  The Ontario Human Rights Commission (OHRC) OHRC File #:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The Human Rights Tribunal Of Ontario (HRTO) HRTO File #:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Proceeding – specify: | | | | | | |
| **A41** Please explain why you believe you were reprised against. | | | | | | |
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