



File Number: -

If you are an appellant, you can use this form to make a claim under the Ontario *Human Rights Code* (the *Code*) along with your appeal if:

- you believe you experienced discrimination or were treated differently because you belong to a protected ground under the *Code*, and
- you believe this discrimination affected the circumstances that led to your appeal

You should file this form along with your Appeal (Form 1), or, no later than 60 days before the hearing date for your appeal.

**Part 1: General Information**

Appellant's Name:
Respondent's Name:

**Part 2: Details of Human Rights Code Claim**

Check off each ground of discrimination under the Code in the list below that you believe applies to your situation.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Creed  | <input type="checkbox"/> Family Status  |
| <input type="checkbox"/> Colour          | <input type="checkbox"/> Sex, including Sexual Harassment and Pregnancy | <input type="checkbox"/> Marital Status   |
| <input type="checkbox"/> Ancestry        | <input type="checkbox"/> Sexual Solicitation or Advances                | <input type="checkbox"/> Age  |
| <input type="checkbox"/> Place of Origin | <input type="checkbox"/> Gender Identity                                | <input type="checkbox"/> Association with a person identified by a <i>Code</i> ground |
| <input type="checkbox"/> Citizenship     | <input type="checkbox"/> Gender Expression                              | <input type="checkbox"/> Reprisal or threat of reprisal                               |
| <input type="checkbox"/> Ethnic Origin   | <input type="checkbox"/> Sexual Orientation                             |   |
| <input type="checkbox"/> Disability      |   |   |

In the box below explain why you believe you were discriminated against under the *Code* based on the ground(s) you checked off above:

- What happened and when? Provide dates where possible.
- Who was involved? Provide full names.
- Explain why you think there is a connection between treatment you experienced and the *Code* ground(s) you checked off.

*Attach more sheets if necessary.*

Are you claiming that a section(s) of the legislation or regulation leads to discrimination under the *Code*?

Yes       No

If you answered Yes, explain in the box below:

- Which section(s) you believe are discriminatory.
- Why you think the section(s) lead to discrimination based on the Code ground(s) you identified above.

*Attach more sheets if necessary.*

**Remedy:** In the box below, indicate what you want the SBT to do if it agrees that you were discriminated against under the *Code*?

*Attach more sheets if necessary.*

**Part 3: Signature**

Appellant       Appellant's Representative

Name:	
Signature:	Date:

**Collecting Personal Information:** The Social Benefits Tribunal (SBT) collects the personal information requested on this form under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997*. It will be used for the purpose of conducting the appeal and will be shared with the parties. If you have any questions, contact the SBT at 1-800-753-3895.

v. 12/2020