



Application under Section 34 of the Human Rights Code (Form 1)

(Disponible en Français)

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 web site www.hrto.ca. If you need a paper copy or accessible format, contact us:

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

Phone: 416-326-1312 Toll-free: 1-866-598-0322
416-326-2199 Toll-free: 1-866-355-6099
416-326-2027 Toll-free: 1-866-607-1240
Email: hrto.registrar@ontario.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 or contact us.

3. 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** at www.hrlsc.on.ca, Mail: 180 Dundas Street West, 7th floor, Toronto, ON M7A 0A1, Phone: 416-314-6266, toll-free 1-866-625-5179. Fax: 416-314-6202, toll-free fax 1-866-625-5180. TTY 416-314-6651, 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**.



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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. Web: 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 (Form 1) as well as an Application on Behalf of Another Person (Form 4). 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 4 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 Tribunal's Practice Direction.

Learn more

To find out more about human rights in Ontario, visit www.ohrc.on.ca or phone 1-800-387-9080.



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Note: 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.

Contact Information for the Applicant

1 Personal Contact Information

Check here if you are filing an Application on Behalf of Another Person (Form 4)

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, please see Question 2.**

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 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 correspondence will go to 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?
 (if you check email, you are consenting to the delivery of documents by email)

Mail Email Fax



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3 Representative Contact Information

I authorize the organization and/or person named below to represent me.

First (or Given) Name	Last (or Family) Name
Organization (if applicable):	

Street #	Street Name	Apt/Suite
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City/Town	Province	Postal Code	Email
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Daytime Phone	Cell Phone	Fax	TTY
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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)
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax

4. Respondent Contact Information

If the Respondent is an individual, complete **a) Individual Respondent**. If the Respondent is an organization, please complete **b) Organization Respondent**.

a) Respondent Contact Information - Individual

Name the person you believe discriminated against you (the Respondent). If there is more than one Respondent, please attach a separate sheet of paper with the information for each Respondent. Number each page.

First (or Given) Name	Last (or Family) Name
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Street #	Street Name	Apt/Suite
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City/Town	Province	Postal Code	Email
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Daytime Phone	Cell Phone	Fax	TTY
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b) Respondent Contact Information – Organization

Name the organization you believe discriminated against you (the Respondent). If there is more than one Respondent, please attach a separate sheet of paper with the information for each Respondent. Number each page.

Full Name of Organization	
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Contact person in 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

5. Grounds of Discrimination

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, Pregnancy, And Gender Identity
- Sexual Solicitation Or Advances
- 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



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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 attach 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 Housing Goods, Services, and Facilities Contracts 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:		

Facts that Support Your Application

8 What Happened

Describe each event below you believe was discrimination. 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.

The Effect On You

9 How the Events You Described Affected You

Tell us how the events you described affected you. What was the effect (financial, social, emotional or mental health,



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or any other)? Add more pages if you need to. Number each page.

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 want from the Respondent(s). Explain why you want it in the space below.

Financial Remedy

Enter the Total Amount \$ _____

Explain below how you calculated this amount:

Other Specific Remedy – Explain below:

Public Interest Remedy – Explain below:

Mediation

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

Other Legal Proceedings

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?	<input type="checkbox"/> Yes (Answer 12b) <input type="checkbox"/> No (Go to 13)
b) Did you ask the court for a remedy based on the discrimination?	<input type="checkbox"/> Yes (Answer 12c) <input type="checkbox"/> No (Answer 12g)
c) Is the court action still going on?	<input type="checkbox"/> Yes (Answer 13) <input type="checkbox"/> No (Answer 12d)
d) Was the court action settled?	<input type="checkbox"/> Yes (Answer 13) <input type="checkbox"/> No (Answer 12e)
e) Has the court action been decided?	<input type="checkbox"/> Yes (Answer 13) <input type="checkbox"/> No (Answer 12f)
f) Was the court action withdrawn?	<input type="checkbox"/> Yes (Answer 13) <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Application until the court action is completed?

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:

<input type="checkbox"/> A union grievance	Name of union:	
<input type="checkbox"/> A claim before another board, tribunal or agency	Name of board, tribunal, or agency:	
<input type="checkbox"/> Other	Explain what the other proceeding is:	
c) Are you asking the Tribunal to defer (postpone) your Application until the other proceeding is completed?		<input type="checkbox"/> Yes <input type="checkbox"/> 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:

<input type="checkbox"/> A union grievance	Name of union:	
<input type="checkbox"/> A claim before another board, tribunal or agency	Name of board, tribunal, or agency:	
<input type="checkbox"/> 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.		

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. You do not need to send copies at this time. Indicate whether the document is privileged. (see Applicant's Guide)

Document name:	Why it is important to my Application

17 Important Documents the Respondent Has

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

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



Confidential List of Witnesses

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

Other Important Information

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

Declaration: Do not sign your Application until you are sure that you understand what you are declaring here.



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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 a hearing, in a written decision, or in other ways determined by Tribunal policies.

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).

Applicant's Signature

Date

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Please check this box if you are filing your Application electronically. This represents your signature.

Accommodation Required

If you require accommodation of Code related needs please contact the Registrar at HRTO.Registrar@ontario.ca or
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