



Human Rights Tribunal of Ontario

Response to an Application under Section 34 of the Human Rights Code (Form 2)

(Disponible en français)

www.hrto.ca

How to Respond to an Application where You are Named as a Respondent

Use this form if you have been named as a Respondent in a Human Rights Application under section 34 of the Human Rights Code.

If you fail to respond to the Application, you may be deemed to have accepted all of the allegations in the Application, and the Tribunal may proceed without further notice to you.

Before you start:

1. Read the questions and answers below.
2. Download and read the **Respondent's Guide** from the Tribunal's web site www.hrto.ca. If you need a paper copy or accessible format contact us at:

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: hrto.registrar@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 or contact us.

3. Complete each section of the Response form that applies to you. As you fill out each section, refer to the instructions in the **Respondent's Guide**.

Questions about responding to an Application

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.

What happens if I fail to complete a Response Form?

You may be deemed to have accepted all the allegations. The Tribunal may deal with the Application without any further notice to you.

What is the time limit for responding?

Respondents must file a completed Response Form no later than 35 days after the Tribunal sends them a copy of the Application. The cover letter from the Tribunal gives you the exact date.

Are there defences to discrimination under the Human Rights Code?

Yes, there are some defences and exemptions in the Code. Please see the **Respondent's Guide**. If you believe one of these applies, please explain how when you fill out the Response Form.



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Can the Tribunal deal with an Application where the facts and issues have been dealt with or are being dealt with 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 Respondent's Guide and get legal advice if:

1. You are currently involved in, or were previously involved in a civil action based on the same facts and the applicant asked for a human rights remedy; **or**
2. A complaint was ever filed 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, a union grievance) based on the same facts.

You must file a Response even if you believe that the Application is outside the jurisdiction of the Tribunal, or that the Tribunal should defer the Application.

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 **Respondent's Guide** for help. If your form is not complete, the Tribunal may return it to you without accepting it. Respondents must file a completed Response Form no later than 35 days after the Tribunal sends them a copy of the Application. The cover letter from the Tribunal gives you the exact date.

Tribunal File Number

Contact Information for the Respondent

1 Respondent Contact Information – Individual

Contact information for an individual Respondent. Please complete this section and go to Question 3. If the Respondent is an organization, please go to 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?

Mail

Email

Fax

(if you check email, you are consenting to the delivery of documents by email)

2 Respondent Contact Information – Organization

Contact information for a responding organization, such as a corporation, association, or group. Please complete both this section and Question 3.

Full Name of Organization

Organization Type:

Corporation

Partnership

Sole proprietorship

Unincorporated business/organization

Other (specify): _____



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Name of the person within this organization who is authorized to negotiate and bind the organization with respect to this Application:

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

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

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

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



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Contact Information- Additional Respondent(s) and Affected Person(s)

Please complete this section if you know of another person or organization who should be named as a Respondent or an Affected Person.

4 Contact Information - Additional Respondent

Is there another person or organization who should be named as a Respondent?

If you are naming more than one additional Respondent, and you are filling this out on paper, attach another sheet of paper with the full contact information for each Respondent. Number each page.

First (or Given) Name

Last (or Family) Name

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Organization (if applicable):

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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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5 Contact Information - Affected Person

Is there any other person or organization (such as a union or occupational association) which might be affected by this Application to the Tribunal (Affected Person)?

If you are naming more than one Affected Person, and you are filling this out on paper, attach another sheet of paper with the full contact information for each Affected Person. Number each page.

First (or Given) Name

Last (or Family) Name

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Organization (if applicable):

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Street #

Street Name

Apt/Suite

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City/Town

Province

Postal Code

Email

--	--	--	--

Daytime Phone

Cell Phone

Fax

TTY

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Request for Early Dismissal of the Application

6 Request for Early Dismissal - Without Full Response

Complete this section only if you are requesting that the Tribunal dismiss the Application because one of the three situations below applies. Put an "X" in the box that applies. Please see the Respondent's Guide.

I request that the Tribunal dismiss this Application because:

- A claim based on the same facts has been filed in civil court, requesting a remedy based on the alleged human rights violation. (Attach a copy of the statement of claim and the court decision, if any. You may also attach submissions, if any.)
- A complaint was filed with the Ontario Human Rights Commission based on the same, or substantially the same, facts as this Application. (Attach a copy of the complaint and the decision, if any. You may also attach submissions, if any.)
- The Applicant signed a full and final release with respect to the same matter. (Attach a copy of the release. You may also attach submissions, if any.)

Note: If you put an "X" in any of the boxes above, go to Question 20. Only in the three situations above can you request the Tribunal to dismiss the Application without completing a full Response. In all other cases where a Respondent is asking the Tribunal to dismiss an Application, the Respondent must complete the entire Response Form.

7 Request for Early Dismissal - With Full Response

Complete this section only if you are requesting that the Tribunal dismiss the Application because another proceeding has in whole or in part appropriately dealt with the substance of the Application. Put an "X" below if you are making this request. Please see the Respondent's Guide.

a)	<input type="checkbox"/> I request that the Tribunal dismiss the Application because another proceeding has in whole or in part appropriately dealt with the substance of the Application. (Attach a copy of the decision)
b)	Please name the other proceeding: _____
c)	Explain why you believe the other proceeding has in whole or in part appropriately dealt with the substance of the Application.

Note: You must complete the entire Response Form and attach a copy of the document that started the proceeding and a copy of the decision.

Request to Defer the Application

8 Request to Defer

Complete this section only if the facts of the Application are part of another proceeding that is still in progress.



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a) 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:	
b) Are you asking the Tribunal to defer (postpone) the Application until the other proceeding is completed? (Attach a copy of the document that started the other proceeding)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Responding to the Allegations in the Application

9 Responding to the Allegations

Please summarize the facts and defences that support your Response to this Application. See the Respondent's Guide.

Please indicate:

- what allegations in the Application you agree with;
- what allegations in the Application you disagree with; and
- any additional facts that you intend to rely on.

10 Exemptions

Complete this section only if you are relying on one of the exemptions found in the Code. (See the Respondent's Guide)

a) What exemption in the Code do you believe applies to this Application?

b) Please explain why you believe the exemption applies:

11 Knowledge of the Events

a) When and how did you first become aware of the events described in the Application?

b) How did you respond and what was the outcome?

12 Disability and Employment

Complete this section only if the Applicant alleges that they experienced discrimination in employment on the ground of disability. (See Respondent's Guide)



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a) Did you know about the Applicant's particular needs before seeing the Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) What are the requirements (essential job duties) of the position in question?	
c) Do you have a written policy, job description or other documentation that describes the requirements of the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Was the Applicant unable to perform the requirements of the job because of their disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 13)
e) If you answered "Yes" to 12d, what have you done to try to meet the particular needs of the Applicant so that they could do the job? Explain why you believe you met your duty to accommodate. If you are filling this out on paper and you need more space, please add more pages. Number each page.	

Note: If you said "Yes" to Question 12c, you must attach a copy of the policy, job description or other document that describes the requirements of the job.

Questions About Internal Human Rights Policies

13 Internal Human Rights Policies

Complete this section only if the Respondent is an organization. Please see the Respondent's Guide.

a) Do you have a policy related to the type of discrimination alleged in the Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Do you have a complaint process to deal with discrimination and harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 14)
c) Did the Applicant make a complaint under the internal complaint process about the facts in this Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 14)
d) Describe how the organization responded and what was the outcome of the complaint process?	

Note: You must attach a copy of the policy, complaint process, or the document that started the complaint, and the decision, if any.

Mediation

14 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 the Application. The Member will meet with you to talk about your Response. The Member will also meet with the Applicant 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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Documents that Support your Response

15 Important Documents You Have

If you have documents that are important to your Response, list them here. List only the most important. Indicate whether the document is privileged. See the Respondent's Guide.

Note: You are not required to send copies of your documents at this time. However, if you decide to attach copies of the documents you list below to your Response they will be sent to the other parties to the Application along with your Response.

Document Name	Why it is Important to my Response

16 Important Documents the Applicant Has

If you believe the Applicant has documents that are important to your Response, that you do not have, list them here. List only the most important.

Document Name	Why it is Important to my Response

17 Important Documents Another Person or Organization Has

If you believe another person or organization has documents that are important to your Response, that you do not have, list them here. List only the most important.

Document Name	Why it is Important to my Response	Name of Person or Organization who Has it



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Copy of the decision from the internal complaint process (from Question 13)

21 Declaration and Signature

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

To the best of my knowledge, the information in my Response is complete and accurate.

I understand that information about my Response 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 Response 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).

Respondent's Signature

Date

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Please check this box if you are filing your response 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: 416-326-1312 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

Where to Send your Response

Note: Only file your Response once. If the Tribunal receives this Response more than once, it will only accept the first Response Form received.

Send your completed Response 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