

PRIVATE & CONFIDENTIAL

Human Rights Complaint Form

(for students/parents/guardians to file a human rights complaint against TDSB staff)

COMPLAINANT:		
l am a: □ Parent □ Student	☐ Community Member	☐ Other
First name:	Last name:	
Are you reporting on behalf of a student? \square Yes	\square No	
If yes, please provide the student's information:		
First name:	Last name:	
School:		Grade:
CONTACT INFORMATION (If filing on behalf of		
Home/Cell Phone No:	Preferred Email address:	
NAME OF RESPONDENT (PERSON (S) ACCUS		
Status of Respondent(s): ☐ TDSB Staff Membe	r □ Student □ Parent □ Com	munity Member Other
If the respondent is a TDSB staff member or stud	ent, please indicate their school/wor	k location:
DETAILS OF COMPLAINT		
Description of Alleged Harassment/Discrimination	n:	
Definition of Harassment under the Ontario <i>Hu</i> course of vexatious comment or conduct that is k vexatious comment or conduct must be because	nown or ought reasonably to be kno	wn to be unwelcome." The
Discrimination under the Code: People have the areas covered by the Code.	e right to equal treatment and oppo	rtunities, without discrimination in
Not all unfair treatment and not all harassment ar against people based on the protected grounds b		rohibits actions that discriminate
Please check off any ground(s) upon which the colf you are unsure of the ground(s) simply indic		
Prohibited grounds under the Ontario Human R	<u>lights Code</u> and the Board's <u>Human</u>	Rights Policy:
 □ Age □ Ancestry □ Citizenship □ Colour □ Creed (religion) □ Disability or perceived disability (Including mental or physical illness or injurand some addictions) □ Ethnic origin □ Family status 	□ Race	cludes same sex where one was born) egnancy, sexual



Incident 1:

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DESCRIPTION OF INCIDENTS

Please use additional pages if required.

When describing the incident(s) that you believe was harassment or discrimination please include: **What** happened? **Who** was involved? **When** did it happen and time)? **Where** did it happen? Were there any witnesses?

Date:Witness(es)	Time:	Location:	
Description			
Incident 2:			
Date:Witness(es)	Time:	Location:	
• Description	of Incident:		
Incident 3:			
Date:Witness(es)	Time:	Location:	
• Description			



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Has this complaint been reported previous	ously?	□ Yes		□ No			
If Yes, to who was it reported to: $\ \square$ Teach	er 🗆 Vice	e-Principal/Principal	☐ Superintendent	☐ Other			
What actions were taken?							
If complaint was not reported previously, p	lease indi	cate why:					
Have you filed any other complaint rega	rding the	se incidents (e.g., I	numan rights tribun	ıal)?			
□ Yes □ No							
Please provide details:							
Desired Resolution (What would you like	e to see h	appen?):					
Would you consider mediation as a form	n of early	resolution to your	concerns?				
□ Yes □ No							
Please Explain:							
Complainant's Signature:			Date:				

The information contained in this form is of a highly confidential nature and will be protected in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*.

PLEASE EMAIL THIS FORM TO A MEMBER OF THE SCHOOL ADMINISTRATION THAT IS NOT IMPLICATED IN THE INCIDENT(S). As per s6.4 of PR515, student complaints of alleged harassment/discrimination should be reported to the school administration. Student complaints against the administration should be forwarded to the Board's Human Rights Office. The complaint will be addressed through the appropriate school policy or procedure (e.g., Caring and Safe Schools, Parent Concern Protocol). Per the Parent Concern Protocol, the student's classroom teacher is the first point of contact, followed by the school's principal, the school superintendent, and then your Trustee. Complaints by a member of the public against Board staff will be forwarded to the immediate supervisor of the affected area the Respondent was working in at the time of the alleged incident."