

HUMAN RIGHTS COMPLAINT REPORTING FORM

[This form is for Human Rights and Code-based Workplace Harassment complaints]

COMPLAINANT (Your Details):

First Name:

Last Name:

Employee Number:

Please indicate your personal pronouns:

Job Title:

School/Department/Worksite:

Preferred Phone Number (Home/Cell):

Preferred Email Address:

Are you on a Leave: Yes No

If yes: Is this a Medical Leave: Yes No

Is the Leave related to this complaint: Yes No

Dates of Leave: to

If on a Leave, can a representative from the HRO contact you during the Leave: Yes No

Name/Job Title of your current Supervisor:

Supervisor at the time of the allegation(s):

Are you Unionized: Yes No If yes, specify Union:

Union Representative - Email and Phone Number (if applicable):

RESPONDENT 1:

First Name:

Last Name:

Is the Respondent on a Leave (if known): Yes No Unknown

Job Title (e.g., Parent, Teacher, Volunteer, etc.):

School/Department/Worksite:

Respondent's Supervisor at the time of the allegation(s):

If there are additional Respondents relating to this matter, please provide their full names and job titles in the box below:

DETAILS OF COMPLAINT:

Please consult the Board’s [Human Rights Policy \(P031\)](#), [Human Rights and Code-Based Workplace Harassment Procedure \(PR515\)](#), and [Workplace Harassment Prevention for Non-Human-Rights-Code Harassment Policy \(P034\)](#) before completing this section.

For workplace harassment complaints that are not based on a human rights ground, please review Policy P034 (Non-Code Based Workplace Harassment) and fill out form P034A.

Please check off all the prohibited grounds that apply to your case. Specify in the description of each incident in your complaint below, which grounds apply to which allegations.

Age	Ethnic Origin	Sexual Orientation
Ancestry	Family Status	Race
Citizenship	Gender Expression	Records of Offences –
Colour	Gender Identity	Provincial Offences or
Creed (Religion)	Marital Status	Pardoned Federal
Disability or Perceived	Place of Origin (where	Offences (in employment
Disability (Including mental	one was born)	only)
or physical illness and some	Sex (including Pregnancy,	Socio-economic Status
addictions)	Sexual harassment)	

Self Identification: Please indicate how you identify, under each of the Prohibited grounds you selected above (see Guide for more details):

Has this complaint been reported previously?

Yes No **(If no, please answer question 5 below)**

If yes:

- 1) Name and Position (e.g., Principal, Superintendent, Team Lead, etc.) of the person(s) you reported your concerns to:

- 2) Date that you reported the allegations:

- 3) Actions taken by person you reported your concerns to (including but not limited to an investigation)

4) Outcome of actions taken:

5) **If you did not report the matter**, please be aware that you are generally expected to report your concerns to your next-level or appropriate next-level supervisor. If you did not do so, please indicate why:

Have you filed any other complaint(s) regarding these incidents/allegations (e.g., grievance, Human Rights Tribunal of Ontario)?

Yes No

If yes, please provide the following details:

- 1) When did you file your complaint?
- 2) Where did you file your complaint (name of agency/organization/body)?
- 3) What stage is your complaint at (e.g., scheduled for mediation on xx date, etc.)?

SUMMARY OF COMPLAINT (please read carefully):

Please provide a summary of the complaint. When describing the incident(s) that you believe was harassment and/or discrimination, please include the following:

- **When:** What date(s) and time(s) did the incidents take place?
- **Where:** Where did the incidents occur?
- **Who:** Who is the person that your complaint is about/who was involved?
- **What:** Please describe what occurred.
- **Witnesses:** Was anyone else present? Did anyone else hear or see the incidents?
- **Prohibited Grounds:** Explain why and how you feel each incident connects to a prohibited ground.
- **Reporting Delay:** If allegations took place longer than 12 months ago, please explain the delay.

Complaint Incident 1:

Date and Time:

Location:

Witness(es):

Details of Incident:

How have you been impacted/affected by the incident?

How does the incident connect to the Prohibited grounds you indicated above, related to your identity?

Complaint Incident 2:

Date and Time:

Location:

Witness(es):

Details of Incident:

How have you been impacted/affected by the incident?

How does the incident connect to the Prohibited grounds you indicated above, related to your identity?

Please attach additional pages to summarize incidents or additional incidents in your complaint

Additional Pages Attached: Yes No

Desired Outcome: What would you like to see happen to address your complaint with the Human Rights Office?

Would you consider facilitated restorative mediation/discussion with the Respondent to address your concerns?

Yes No

Please provide details:

Accommodation(s) (Please advise of any accommodation or accessibility needs):

Declaration: I certify that the information provided on this form is accurate.

Complainant's Signature:

Date:

INSTRUCTIONS FOR SUBMITTING THIS FORM: Once complete and signed, please email the form to:
HumanRightsOffice@tdsb.on.ca

Notice of Collection

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***.

This is a confidential process and it is expected that you will not advise anyone in the workplace, or otherwise connected with the workplace about this complaint, with the exception of your union or association representative.

You are reminded that you are encouraged and entitled to make use of the Board's Employee and Family Assistance Program if you are an eligible TDSB staff.