

**HUMAN RIGHTS  
INCIDENT REPORTING FORM**

**NAME OF COMPLAINANT:**

First name: Last name: Employee#:

Personal Pronouns (Optional to indicate) :  
(E.g., He/Him/His/They/Them/Their/She/Her/Hers)

**COMPLAINANT** (Additional Details):

Position/Job Title: School/Department/Worksite:

Job Title:

Preferred Phone Number (Home/Cell): Do we have permission to leave a message  
on your voicemail service: Yes No

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/Position/Job Title of your current Supervisor:

Supervisor at the time the allegations took place:

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

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

**RESPONDENT 1** (Person who you are complaining about):

First Name: Last Name:

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

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

School/Department/Worksite:

Respondent's Supervisor at the time the allegations took place:

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

**DETAILS OF COMPLAINT:**

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

This form is for Code based complaints that can include harassment, including sexual harassment, discrimination, poisoned environment, condonation, and reprisal. 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 below, which grounds apply to which Allegations.**

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

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

**Perceived Identity of Respondent:** Please indicate how you perceive the Respondent to identify, under each of the Prohibited Grounds you selected above.

**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 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 the 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 supervisor. If you did not do so, please indicate why:

**Have you filed any other complaint(s) regarding these incidents (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 COMPLAINTS:**

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 above incident connect to the Code 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 above incident connect to the Code grounds you indicated above, related to your identity?

Please attach additional pages to summarize additional complaints

**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:

**Would you consider HRO liaising with other parties or administration to address your concerns? (e.g. If you have an accommodation issue that was not addressed, HRO can speak to your school administrator or Disability Case Administrator to inquire on the steps taken, to clarify expectations on the duty to accommodate, and to follow up so that the issues can be resolved.)**

**Yes**                      **No**

Please Provide Details:

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

Complainant's Signature:

Date this form is submitted to the HRO:

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 (EFAP) if you are an eligible TDSB staff.

**INSTRUCTIONS FOR HANDLING THIS FORM:** Once complete and signed, please email the form to:  
[HumanRightsOffice@tdsb.on.ca](mailto:HumanRightsOffice@tdsb.on.ca)