

Complaint Form

First Name: _____

Last Name: _____

Address: _____

Phone Number: () - _____ (Home)
 () - _____ (Cell)
 () - _____ ext. _____ (Work)

Email Address: _____

Preferred Contact Method:	
E-mail	Phone – Work
Phone – Home	Mail
Phone – Cell	We can leave voice mail messages

1. What is your connection with the Peel District School Board?

Contractor	Parent/Guardian	Permit Holder
Service Provider	Superintendent	Staff
Student	Trustee	Vendor
Visitor	Volunteer	Other

2. If you are employed with the PDSB, are you a member of a Union/Affiliation?

ASG	CUPE 1628	CUPE 2544
ERFP	OPSEU 283	OPSEU 292 LTSS
OPSEU 292 MSSA	OSSTF	OSSTF OT
PEOT	PETL	PSSP

3. What best describes your reason for completing this complaint form?

	I have a concern that I am directly experiencing
	I have a concern about what a friend/co-worker/colleague or family member is experiencing
	I am seeking guidance and information on a potential human rights complaint
	I want to bring awareness to an issue of general concern
	I would like to request training and/or resource materials
	Other:

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4. Who infringed your rights, harassed you or reprimed against you contrary to the Ontario *Human Rights Code*?

5. Please identify the ground(s) of discrimination or harassment. Check off all that apply.

<input type="checkbox"/>	Race	<input type="checkbox"/>	Ethnic Origin	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Marital Status
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	Place of Origin	<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Family Status
<input type="checkbox"/>	Colour	<input type="checkbox"/>	Citizenship	<input type="checkbox"/>	Gender Expression	<input type="checkbox"/>	Disability
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Sex	<input type="checkbox"/>	Age	<input type="checkbox"/>	Association
<input type="checkbox"/> Record of Offences – for employment matters only							
<input type="checkbox"/> Reprisal – you must also identify at least one of the above grounds							
<input type="checkbox"/> Receipt of Social Assistance – for housing only							

6. Please provide a brief summary of your concerns including approximate date(s) and location(s) of any incidents and the names of any other persons involved.

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7. Please provide the names of any witnesses, if any:

8. Please describe any steps that you have taken to address your concerns:

9. Please provide the names of any resource persons(s) who has knowledge of your concerns, if any:

10. Please list any relevant documents.

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11. What resolution are you looking for?

12. Have you file a complaint about your concern anywhere else?

	Human Rights Tribunal		Grievance
	Civil Action		Other:

13. Signature and Date

- Signature: checking this box represents your signature on this document if completing it online.

Signature: _____ Date: _____

If you have any questions about the form or require assistance, please contact the Human Rights Commissioner's Office by e-mail (hrc@peelsb.com) or telephone (905-890-1010 ext. 4726 or 905-366-1533).

Please return the completed Complaint Form to the Human Rights Commissioner's Office by e-mail (hrc@peelsb.com) or by mail (Human Rights Commissioner's Office, HJA Brown Education Centre, 5650 Hurontario Street, Mississauga, ON L5R 1C6).