

Reconsideration of Outcome Decision Form

First Name: _____

Last Name: _____

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

Email Address: _____

Preferred Contact Method?

E-mail	Phone – Cell
Phone – Home	Phone - Work
Mail – please provide your mailing address on the line below	

Address: _____

1. What is the date of the decision from the HRCO? _____

2. Please check the option(s) below that best describes the reason for your request for a reconsideration.
 - There was a procedural unfairness underlying the decision and/or recommendations.** Please describe the procedural unfairness and provide any additional information you have.

 - There are new facts or evidence that could impact on the decision and/or recommendations that could not have been reasonable obtained earlier.** What are the new facts or evidence? Why was this information not available to you earlier? Please include names, dates, locations and any other additional information that you have.

 - The decision is not in line with Board policies or practices.** Please identify the Board policy or practice and provide information on why the decision is not in line with it.

 - There are other factors that impact on the decision that outweigh the finality of the decision.** Please describe the other factors and why you believe they outweigh the decision.

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Please provide detailed reasons to support your request. Be as detailed as possible. Be sure to include dates, locations, people involved, policy name and section and any other information the HRCO may need to reconsider the decision. Please use additional pages if needed.

- Signature – checking this box represents your electronic signature on this document if you are completing it online.

Signature: _____ Date: _____

If you have any questions about the form, require assistance or to make a request for accommodation, 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).

A completed reconsideration form is to be returned to the HRCO by e-mail (hrc@peelsb.com) or mail (Human Rights Commissioner's Office, 5650 Hurontario Street, Mississauga, ON L5R 1C6) **no later than 30 calendar days** from the date of the decision.