

Human Rights Complaint Form

For office use only
Date received

12850

To complete this form, **you need to download this form first** and fill it out using free Adobe Reader software. You will need to send it back to hrc.cdp@gnb.ca.

Be sure to complete all sections of the form. Contact the Commission if you need guidance to complete the form. See the Completing the Human Rights Complaint Form guide available on our website to help you to complete this form.

Section A – Your name (You are the Complainant)

First Name	Last Name

ONLY complete this box if you are filing ON BEHALF of someone else.

First Name	Last Name

You are the: Parent Legal Guardian/Guardian Power of Attorney

For office use only		
HRC File Number	Section(s) # of the HRA	
Area(s) of Discrimination	Ground(s) of Discrimination	
Comments		
Entered by	Entered date	Total number of pages

Section B – Respondent(s) - Who are you complaining about? This is the Respondent.

(A Respondent may be a business, organization, association or person)

(If the Respondent is your employer, please put the name listed on your paystub/T4)

Name of Respondent (Business, organization, association or person)		Position (if applicable)	
Street or mailing address			
Town or City and Province	Postal Code	Email	Telephone Number (include area code)

Name of 2nd Respondent (if applicable)		Position (if applicable)	
Street or mailing address			
Town or City and Province	Postal Code	Email	Telephone Number (include area code)

Name of 3rd Respondent (if applicable)		Position (if applicable)	
Street or mailing address			
Town or City and Province	Postal Code	Email	Telephone Number (include area code)

Name of 4th Respondent (if applicable)		Position (if applicable)	
Street or mailing address			
Town or City and Province	Postal Code	Email	Telephone Number (include area code)

Name of 5th Respondent (if applicable)		Position (if applicable)	
Street or mailing address			
Town or City and Province	Postal Code	Email	Telephone Number (include area code)

Name of 6th Respondent (if applicable)		Position (if applicable)	
Street or mailing address			
Town or City and Province	Postal Code	Email	Telephone Number (include area code)

Name of 7th Respondent (if applicable)		Position (if applicable)	
Street or mailing address			
Town or City and Province	Postal Code	Email	Telephone Number (include area code)

Section C – Identify in which area(s) the discrimination took place.

Refer to the Introduction to the areas of discrimination guide available on our website.

Please check (✓) only the area(s) that apply to this complaint.

- Employment Publicity (Notices, signs and symbols) Housing and Sale of Property
 Professional, Business or Trade Association Services, Facilities or Accommodation available to the public

Section D – Identify the ground(s) of discrimination.

(The listed grounds cannot be modified.)

Please check (✓) only the ground(s) that apply to this complaint **and identify** the characteristic(s) and/or diagnosis(es) of the ground(s) checked. (Refer to the Introduction to the grounds of discrimination guide available on our website.)

<input type="checkbox"/> Race:	<input type="checkbox"/> Creed or Religion:	<input type="checkbox"/> Sex:
<input type="checkbox"/> Ancestry:	<input type="checkbox"/> Marital Status:	<input type="checkbox"/> Sexual Orientation:
<input type="checkbox"/> National Origin:	<input type="checkbox"/> Mental Disability:	<input type="checkbox"/> Sexual Harassment:
<input type="checkbox"/> Place of Origin:	<input type="checkbox"/> Physical Disability:	<input type="checkbox"/> Social Condition:
<input type="checkbox"/> Colour:	<input type="checkbox"/> Age:	<input type="checkbox"/> Political Belief or Activity:
<input type="checkbox"/> Family Status:	<input type="checkbox"/> Gender Identity or Expression:	

Authorization for release of medical information

If you check **Sex** for pregnancy, **Mental Disability** or/and **Physical Disability** you need to complete the Authorization for release of medical information form available on our website.

Section E – Dates of the alleged discrimination.

When did the discrimination start?	YYYY/MM/DD
(Briefly describe what happened)	

If it is not ongoing, when did the discrimination stop?	YYYY/MM/DD
(Briefly describe what happened)	

Section F – Are you or were you involved in other proceeding(s) dealing with the same incident(s)/allegations?

No. Yes: What kind of proceeding is it/was it? (for example: a union grievance, a court case, etc.)

Section G – Details of the alleged discrimination.

For each ground that you checked in Section D, please describe what happened or what is still happening that you believe is discrimination.

For more information, please see the Completing the Human Rights Complaint Form guide available on our website.

Please describe each incident that you believe is discrimination, in the order it happened, from earliest to most recent.

Incident 1 - Date	YYYY/MM/DD
1.1 Where did it happen? When did it happen? Who was involved?	

1.2 What happened, and how is it connected to the ground(s) and area(s) you checked in sections C and D?

1.3 What did each Respondent do on that date? Clearly indicate who they are and what they did or said.

1.4 How did this negatively impact you?

2.1 Where did it happen? When did it happen? Who was involved?

2.2 What happened, and how is it connected to the ground(s) and area(s) you checked in sections C and D?

2.3 What did each Respondent do on that date? Clearly indicate who they are and what they did or said.

2.4 How did this negatively impact you?

Section H – Please read the statements below and check each statement.

1) I understand that the Commission may send a copy of my complaint to the Respondent(s).	
2) I understand that the Commission may also send any supporting medical information and other important documentation to the Respondent(s) during the complaint process.	
3) I understand that I need to provide the Commission with any changes to my contact information and to respond when contacted; otherwise the Commission may close my complaint as having been abandoned.	
4) I agree that I have read the Completing the Human Rights Complaint Form and if not, that could have an impact if I decide to file new complaint file.	

I declare that the information in this Human Rights Complaint Form is true and accurate to the best of my knowledge and belief.

_____ Date

Please send the Complaint Form to:

hrc.cdp@gnb.ca

or

Human Rights Commission

P.O. Box 6000

Fredericton, NB E3B 5H1

You may contact us at:

Telephone: (506) 453-2301

Toll Free: 1-888-471-2233

Fax: (506) 453-2653

E-mail: hrc.cdp@gnb.ca

Website: www.gnb.ca/hrc-cdp

Courier Address:

751 Brunswick Street

Fredericton, NB E3B 1H8