

Human Rights Complaint Form

For office use only
Date received

To complete this form, **you need to download and save this form first** and fill it out using free Adobe Reader software.

Be sure to complete all sections of the form. Do not modify the formatting of this form. See the Completing the Human Rights Complaint Form guide available on the website to help you to complete this form, and contact the Commission if you have any questions regarding the completion of 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, please name that person in the box below.

First Name	Last Name

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

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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? Who do you believe discriminated against you? This is the Respondent.

- A Respondent may be a business, organization, association or person.
- Only one individual or organization may be named per box.
- If the Respondent is your employer, please put the name listed on your paystub/T4.

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

If you wish to add additional Respondents you may do so by attaching additional pages at the end of your complaint form.

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 (Section 4 of the Act)
- Housing and Sale of Property (Section 5 of the Act)
- Services, Facilities or Accommodation available to the public (Section 6 of the Act)
- Publicity (Notices, signs and symbols) (Section 7 of the Act)
- Professional, Business or Trade Association (Section 8 of the Act)

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.)

Example

<input checked="" type="checkbox"/> Mental Disability*:
Depression

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

*If you check **Sex** for **pregnancy**, please provide medical documentation of your pregnancy (example: a Doctor's note).

*If you check **Mental Disability** and/or **Physical Disability**, please provide medical documentation of your diagnosis (example: a Doctor's note).

Section E – Dates of the alleged discrimination.

You must complete this section, even if this information is provided in other areas of the Complaint Form and/or attached documentation. If discrimination started more than one year ago, you may need to file a Time Limit Extension Request. Please refer to the Guideline on Time Limit Extension for Filing a Complaint.

When did the discrimination start?	YYYY/MM/DD
(Briefly describe which incident marks the start of the alleged discrimination)	
(Briefly describe which incident marks the end of the alleged discrimination)	

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

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

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

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

Incident 1 - Date	YYYY/MM/DD
1.1 What happened, and how is it connected to the ground(s) and area(s) you checked in sections C and D? Where and when did it happen? What did each Respondent do or say on that date?	

1.2 How did this negatively impact you?

2.1 What happened, and how is it connected to the ground(s) and area(s) you checked in sections C and D? Where? When did it happen? What did each Respondent do or say on that date?

2.2 How did this negatively impact you?

If you wish to add additional information or incidents, you may do so by attaching additional pages at the end of your complaint form.

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

1) I understand that the Commission may send a copy of my complaint and attached documents to the Respondent(s).	
2) I understand that the Commission may also send any supporting medical information and other 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.	

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

_____ Date

Please send the Complaint Form, Authorization Form(s), Contact Information Form and any supporting documentation to:

hrc.cdp@gnb.ca

or

Human Rights Commission

P.O. Box 6000

Fredericton, NB E3B 5H1

Courier Address:

751 Brunswick Street

Fredericton, NB E3B 1H8

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