

How to Fill the Human Rights Complaint Form

About This Guide

Please use this guide to complete each section of the Human Rights Complaint Form. Sections in the Complaint Form are indicated by letters, i.e. Section A, Section B, etc.

It is important to understand that **the Complaint Form is an important legal document for processing your complaint**, as it provides essential details about the alleged discrimination, the parties involved, and the grounds under which the complaint is filed. **Therefore, it is important to complete the various sections of the Complaint Form properly.** Errors in the Complaint Form, such as naming respondents incorrectly or failing to identify a protected ground or area, may delay the processing of your complaint. This could result in amendments being required to your Complaint Form or lead to your complaint being dismissed.

The New Brunswick *Human Rights Act (Act)* requires that individuals file a complaint with the Commission **within a year of the alleged incident of discrimination**. If your complaint or part of your complaint is not filed within the one-year time limit, you will need to file a [Time Limit Extension Request Form](#) along with your Complaint Form. Please consult the Commission's [Guideline on Time Limit Extension for Complaint Initiation](#) when filling out your Time Limit Extension Request Form.

ALL pages of your Complaint Form and supporting documents must be legible to Commission staff. If the Complaint Form or the supporting documents are not legible, the Commission may not be able to consider the illegible sections or may need to dismiss your complaint in its entirety.

Further, please do not modify or take out any pages from the Complaint Form. Any changes to the form (other than adding pages at the back of the Complaint Form) will not be accepted by the Commission and will lead to delays in processing your complaint.

If you are unable to fill out the Complaint Form on your own, for example, due to a disability, and require an accommodation, please contact the Commission. Please note that the Commission is impartial and cannot provide advice on what information to include in your complaint.

Section A

Box 1 **If you are filing a complaint for yourself**, enter your full name in Box 1. This name does not have to match the name on your birth certificate or driver's license. However, it must be the name you regularly go by.

If you are a lawyer filling out the Complaint Form on behalf of the Complainant, indicate the name of the Complainant in Box 1.

Box 2 **If you are a parent, legal guardian, or have power of attorney**, you may make a complaint on behalf of that person. If you are filing on behalf of someone else, enter their full name in Box 2 that reads: "ONLY complete this box if you are filing ON BEHALF of someone else, please name that person in the box below". You must check () whether you are their parent, legal guardian/guardian, power of attorney, or executor.

If you have a power of attorney to represent the person who is alleging discrimination, please send documentation along with the Complaint Form confirming your power of attorney. **Do not include it within the Complaint Form itself or reference it in the body of the Complaint Form, simply send it along with your completed complaint documents.**

If you are a parent filing a complaint on behalf of your child, you **may only do so if your child is under the age of 19**. If your child is over the age of 19, you may only file a complaint on their behalf if you have a legal power of attorney over them. If your child is 19 years or older, and they are unable to file a complaint themselves due to a medical condition, and you do not have a power of attorney, you will need to provide medical documentation to the Commission to confirm the child's need for support in filing a complaint. Following an analysis of your submission, you may be advised that you are not able to file on behalf of the child, but rather that you may be listed as a representative for the complaint to assist your child with filing the complaint and with the complaint process.

Whether you are filing a complaint for yourself or on behalf of someone else, you are considered the **complainant**.

Box 3 **NEVER write anything in the “For office use only” boxes. This is very important.**

Section B Enter the respondent’s name in Section B. The respondent is the person, business, organization, or association that allegedly discriminated against you. Please enter only one Respondent per box. **If there is more than one respondent, please enter each respondent’s name and information in a separate box entry.**

If you are naming an organization as a respondent, as well as specific individuals within that organization, enter the organization’s name (for example, an employer or business), and the name of each individual person (for example, a supervisor), in a separate box.

For example:

Name of Respondent (Business, organization, association or person)	Company ABC		Position of Respondent (if applicable)	
Street or mailing address	123 Main Street			
Town or City and Province	Postal Code	Email	Telephone Number (include area code)	
Fredericton, NB	E3B 1A2	companyabc@company.ca	1-888-012-3456	

Name of 2nd Respondent (if applicable)	Mark Smith		Position of Respondent (if applicable)	Human Resources Consultant at ABC
Street or mailing address	123 Main Street			
Town or City and Province	Postal Code	Email	Telephone Number (include area code)	
Fredericton, NB	E3B 1A2	M.smith@company.ca	(506)-789-1011	

If there are more respondents than boxes available in Section B, please add an extra page to your Complaint Form, indicating the contact information of each additional respondent, including their name, position (if applicable), address, and phone number. Make sure to indicate that this additional information is part of Section B.

Make sure that you provide as much information as you can for each respondent, including their full name, their position (if applicable), and their contact information.

It is important to **properly identify** the name of the business or organization. To find this information, you can look at items like Records of Employment, pay stubs, T4s, business cards, letterhead, websites, previous emails, and telephone books.

If your complaint is related to employment, name only the company or organization as the respondent, unless there are individuals within the company (e.g. manager, co-worker, etc.) who have had direct involvement in the alleged discrimination. In that case, you may name both the employer and the individuals.

You may contact the Commission by e-mail: hrc.cdp@gnb.ca or by phone **1-888-471-2233** to help identify respondents to your complaint. However, ultimately you will be responsible for identifying the respondent(s).

Section C To complete this section, check (✓) the area(s) in which you believe the discrimination took place. The areas of discrimination include employment, housing, services, publicity, or professional, business or trade association. **You must choose at least one area of discrimination in this section.**

Please refer to the [“Introduction to the areas of discrimination”](#) guide available on our website to help you identify which area(s) applies to your complaint.

Section D To complete this section, check (✓) the ground(s) of discrimination under which you believe you experienced discrimination. For example, race, national origin, age, physical disability, sex, etc. **You must choose at least one ground of discrimination.**

In this section, it is important to describe how your personal characteristics or diagnosis(es) identify you with the ground(s) you have selected. For example, if you are alleging age discrimination, indicate how old you were

at the time of the discrimination, or if alleging physical disability, identify your medical condition/diagnosis (for example, diabetes).

For example:

<input checked="" type="checkbox"/> Race:
African Canadian

If you do not identify the protected ground and the characteristic associated with the protected ground, the processing of your complaint may be delayed or dismissed.

If your complaint is related to a disability or pregnancy, please be prepared to submit medical proof like a doctor’s note confirming your diagnosis and any other relevant medical information, upon request from the Commission.

Please refer to the [“Introduction to the grounds of discrimination”](#) guide available on our website to help you identify which protected ground(s) applies to your complaint.

Please ensure you ONLY select the grounds of discrimination or disclose protected characteristics in this section that are relevant to the situation you are describing in your complaint.

Section E

Box 1 State when the discrimination started (year, month, day) and briefly describe what happened when it started. For example, “March 2, 2024, I was dismissed because...”; or “February 4, 2023, I was refused accommodation”, etc.

Make sure to properly indicate the relevant dates in the appropriate box labelled “YYYY/MM/DD”.

For example:

When did the discrimination start?	2024-03-02	YYYY/MM/DD
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Box 2 **If the situation is not ongoing**, state when the discrimination stopped and briefly describe what happened when it stopped. For example, "March 2, 2024, I was dismissed because...", or "I was fired, I quit, I was evicted, etc."

Make sure to properly indicate the relevant dates in the appropriate box labelled "YYYY/MM/DD".

For example:

When was the last incident of discrimination?	2024-11-25	YYYY/MM/DD
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If you run out of space, do not continue to write in the box, as the text may be cut off once you save the form in Adobe Acrobat. To add more information in this section, it is preferable to add a new page to your Complaint Form and number it accordingly, identifying that the additional information belongs to Section E.

Section F Use the check mark (✓) to answer the question, "Are you or were you involved in other proceedings dealing with the same incident(s)/allegations?"

If you answer "Yes", please identify in the field below the kind of proceeding(s) (for example, a union grievance, a court case, etc.) and the results of the proceeding(s). If you settled the issue via another process, do not provide details regarding what the matter settled for, but do tell us that there was a settlement. We may ask you for the settlement documents after we receive your complaint form.

Section G **In this section, you have the opportunity to tell the Commission why you think you were discriminated against.**

Complete this section of the Complaint Form by answering the questions noted below for each incident of discrimination. Make sure

you provide as much information as possible and establish a connection (also known as a nexus) between the protected ground and the situation that took place.

In complaints where you identify more than one ground of discrimination, you must describe the events you believe constitute discrimination as they relate to each selected ground.

If you decide to add more pages to this section of your Complaint Form, for example, to include additional incidents, please ensure that you number any added pages and indicate that the additional information is part of Section G.

The statements that you give in Section G should provide support and prove that you experienced discrimination under the *Act*. These details will help the Commission decide if it can proceed with your complaint. It is important to clearly describe each incident of discrimination or harassment you are alleging and how the incident(s) is related to the area(s) and ground(s) of discrimination you checked in Sections C and D.

For each separate incident, identify the following:

- 1) Date of the incident (in the appropriate box labeled “YYYY/MM/DD”);
- 2) Where the incident happened, when it happened, and who was involved;
- 3) What happened and its connection to the ground(s) and area(s) you selected in Sections C and D;
- 4) What actions or statements each respondent made on the specified date, clearly indicating which respondent you are referring to; and,
- 5) How this incident negatively impacted you (**Section G 1.2**).

If you run out of space, do not continue to write in the box, as the text may be cut off once you save the form in Adobe Acrobat. To add more information, add a new page to your Complaint Form.

If you include additional pages to **add more incidents to this section or to include documentation** such as letters, emails, Records of Employment, medical notes, etc., to support your allegations, please number each added

page. You may redact (i.e. cover or remove) information on this supporting documentation if necessary – this can be done with White-Out or a black permanent marker. All additional documents must be legible by Commission staff to be considered as part of the complaint form.

Please note that everything you include and/or attach in your complaint form will be shared with the Respondent(s), depending on the stage of the process. If you send supporting documents that are not referenced in the complaint form, you can advise the Commission that you do not want the information in those supporting documents shared with the Respondent(s). However, if something cannot be shared with the Respondent(s), then the Commission may not be able to use it when making decisions about your complaint

Section H By submitting the form, you confirm that the information you have provided to the Commission is true, to the best of your knowledge and belief.

Be sure to carefully read all the statements in Section H before checking (✓) the box beside each statement. The statements in this section include:

- 1) Acknowledging that you understand that the Commission may send a copy of your Complaint Form to the respondent(s);
- 2) Acknowledging that you understand that the Commission may send any supporting medical or other documentation to the respondent(s) during the complaint process;
- 3) Acknowledging your understanding of the necessity to promptly provide the Commission with any changes to your contact information and to respond to Commission staff when contacted. Failure to do so may result in the closure of your Complaint as having been abandoned.

Be sure to check (✓) and add the date in the space provided at the bottom of Section H.

After completing your Complaint Form:

- Complete the following forms:
 - Contact Information Form

- Authorization for Release of Personal Information Form.
- If you are completing the forms on your computer, make sure you download the forms from Commission's website and fill each form using free Adobe Reader software. **Do not use Internet browsers or applications to fill out the forms.**
- Save the completed forms to your computer and make sure that entries in all sections have been properly completed and saved.
- Send all completed forms and any additional information and documentation to the Commission via email or mail.

Please send your forms to:

hrc.cpd@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:

E-mail: hrc.cdp@gnb.ca

Telephone: (506) 453-2301

Toll Free: 1-888-471-2233

Fax: (506) 453-2653

Website: www.gnb.ca/hrc-cdp

Note: Once you submit your forms, you should receive an acknowledgement of receipt from the Commission. If you do not receive any communication from the Commission, please contact our office. Unless you receive an acknowledgement of receipt, your complaint has not been officially filed with the Commission.

