

Public Complaint Form for the OHRC

To file a complaint about the Ontario Human Rights Commission's (OHRC) quality of service, denial of service, policies, procedures or the conduct of its staff or Commissioners please complete this Complaint Form.

This form is not for complaints under the Ontario *Human Rights Code*. The Complaint will only be accepted if this form is signed and dated by the person making the complaint. If the complainant is an organization, a signing officer representing the organization must sign and date the Complaint Form.

Complainant contact information:

Full Name: _____

Name of Organization (if applicable): _____

Address: _____

Home phone number: _____

Work phone number: _____

Fax number: _____

Email address: _____

Note: Your contact information will be kept confidential. Please tell us if you have any concerns receiving calls or emails from us.

Information about your complaint:

1. Is the complaint about a staff member or Commissioner? If so, please provide their name.



2. Is the complaint about a:
- a. Service of the OHRC?
 - b. Policy of the OHRC?
 - c. Procedure of the OHRC?

3. Please describe the complaint in your own words and describe what happened, where and when it occurred and the names of any witnesses.

4. How would you like to resolve this complaint?



5. List and attach copies of any supporting documents you think we should know about. Do not send originals.

Privacy:

I understand that:

1. The complaint that I have submitted and all the documents I have provided will be shared with the OHRC staff person or Commissioner to allow him or her to respond to the complaint, unless the disclosure breaches the confidentiality of neutral third parties in which case the provisions of the *Freedom of Information and Protection of Privacy Act* will need to be addressed; and
2. The OHRC may disclose relevant documents to the parties in its possession.

I agree that documents that I obtain from the OHRC during the course of the investigation of this complaint will be used only for the purpose of this complaint and that any other use is prohibited.

Signature

Date

Please check this box if you are filing your Application electronically. This represents your signature. You must fill out the date, above.

