

Complaint Form

First Name: _____

Last Name: _____

Address: _____

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

Email Address: _____

Preferred Contact Method:			
	E-mail		Phone – Work
	Phone – Home		Mail
	Phone – Cell		We can leave voice mail messages

1. What is your connection with the Peel District School Board?			
	Contractor		Parent/Guardian
	Service Provider		Superintendent
	Student		Trustee
	Visitor		Volunteer
			Permit Holder
			Staff
			Vendor
			Other

2. If you are employed with the PDSB, are you a member of a Union/Affiliation?			
	ASG		CUPE 1628
	ERFP		OPSEU 283
	OPSEU 292 MSSA		OSSTF
	PEOT		PETL
	OPC		Other:
			CUPE 2544
			OPSEU 292 LTSS
			OSSTF OT
			PSSP

3. What best describes your reason for completing this complaint form?	
	I have a concern that I am directly experiencing
	I have a concern about what a friend/co-worker/colleague or family member is experiencing
	I am seeking guidance and information on a potential human rights complaint
	I want to bring awareness to an issue of general concern
	I would like to request training and/or resource materials
	Other:

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4. Who infringed your rights, harassed you or reprimanded you contrary to the Ontario *Human Rights Code*?

5. Please identify the ground(s) of discrimination or harassment. Check off all that apply.

<input type="checkbox"/>	Race	<input type="checkbox"/>	Ethnic Origin	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Marital Status
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	Place of Origin	<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Family Status
<input type="checkbox"/>	Colour	<input type="checkbox"/>	Citizenship	<input type="checkbox"/>	Gender Expression	<input type="checkbox"/>	Disability
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Sex	<input type="checkbox"/>	Age	<input type="checkbox"/>	Association
Record of Offences – for employment matters only							
Reprisal – you must also identify at least one of the above grounds							
Receipt of Social Assistance – for housing only							

6. Please provide a brief summary of your concerns including approximate date(s) and location(s) of any incidents and the names of any other persons involved.

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7. Please provide the names of any witnesses, if any:

8. Please describe any steps that you have taken to address your concerns:

9. Please provide the names of any resource persons(s) who has knowledge of your concerns, if any:

10. Please list any relevant documents.

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11. What resolution are you looking for?
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12. Have you file a complaint about your concern anywhere else?			
	Human Rights Tribunal		Grievance
	Civil Action		Other:

13. Signature and Date

- Signature: checking this box represents your signature on this document if completing it online.

Signature: _____ Date: _____

If you have any questions about the form or require assistance, please contact the Human Rights Office by e-mail (humanrights@peelsb.com) or telephone (905-890-1010 ext. 4726 or 905-366-1533).

Please return the completed Complaint Form to the Human Rights Office by e-mail (humanrights@peelsb.com) or by mail (Human Rights Office, 200 Matheson Blvd., Suite 203C, Mississauga, ON L5R 3L7).