



**YUKON  
HUMAN  
RIGHTS**  
COMMISSION

**COMMISSION  
DES DROITS  
DE LA PERSONNE**  
DU YUKON

## YOUR CONTACT INFORMATION (You are the Complainant)

**Important:** The human rights complaint process is not anonymous. Your name **will be disclosed** to the Respondent if your complaint is accepted for investigation. Your personal contact information **will not be disclosed** to the Respondent unless the matter is referred to a hearing before the Yukon Human Rights Panel of Adjudicators.

<b>First Name</b>	<b>Last Name</b>	
<b>Mailing address</b>	<b>Town or City</b>	
	<b>Province/Territory</b>	<b>Postal code</b>
<b>Home phone number</b> (include area code)	<b>Cell phone number</b> (include area code)	
<b>Preferred daytime contact number(s)</b> Home      Cell      Both	<b>Your e-mail address to which you authorize us to send you personal information related to your complaint</b>	
<b>If there is anything you need in order to participate in the human rights process, please describe your accommodation request here. You can also inform the Commission if you require accommodation at any stage in the human rights process.</b>		

It is your responsibility to inform us if any of your contact information changes during the complaint process. Otherwise, your complaint could be delayed or stopped.



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## YOUR ALTERNATE CONTACT INFORMATION (This section is not mandatory)

**Important:** The human rights complaint process is not anonymous. Your name **will be disclosed** to the Respondent if your complaint is accepted for investigation. Your personal contact information **will not be disclosed** to the Respondent unless the matter is referred to a hearing before the Yukon Human Rights Panel of Adjudicators.

Please provide the contact information of a person that you would like us to contact if the Commission cannot reach you. It could be a family member or friend. If you have a lawyer or advocate, enter their contact information here.

<b>Name of your alternate contact</b>		<b>Relationship to you</b>	
<b>Mailing address</b>	<b>Town or City</b>		<b>Home phone number</b> (include area code)
	<b>Province/Territory</b>	<b>Postal code</b>	<b>Cell phone number</b> (include area code)
<b>E-mail address</b>			

## HUMAN RIGHTS COMPLAINT

**Important:** If your complaint is accepted, the Director **will disclose** this information to the Respondent.

Your Name

**WHO IS YOUR COMPLAINT ABOUT?** (This is the Respondent)

Name of business, organization, association or person(s)

**Where did the alleged discrimination happen?**

(If the events took place outside Yukon, please contact the Commission)

City or Town

Province or Territory

**When did the alleged discrimination take place?**

Start date

End date

DD

MM

YYYY

DD

MM

YYYY

**I believe the discrimination happened in one or more of the following protected grounds:**

(Please check any that apply to your situation.)

Ancestry, including colour and race

Gender identity or gender expression

National origin

Physical or mental disability

Ethnic or linguistic background/origin

Criminal charges or criminal record

Religion or creed

Political belief, association, or activity

Age

Marital or family status

Sex, including pregnancy

Source of income

Sexual orientation

Actual or presumed association with other individuals or groups who identify with the grounds above

**I believe the discrimination happened in one or more of the following protected areas:**

Employment, and any aspect of employment

Membership in or representation by trade unions or professional associations

Receiving goods and services

Public Contracts

Housing, leasing or renting

Please explain your situation by answering the following questions in the space provided. You may also choose to answer these questions using a separate document. Please limit your response to 15 pages. If you have any supporting documents, photos, or recordings then you may attach them as part of your complaint, list them below, or keep them with you. You may be asked for them at a later date during the process

**1. How and when were you treated differently, based on each ground of discrimination you have identified?**

Tell us the details including dates of each event.

*Question 1 Continued*

2. How did these events have a negative effect on you?

## CONSENT

The Commission requires your consent to each of the following statements and your signature in order to accept your complaint:

The information in this Complaint Form is true to the best of my knowledge and belief.

I authorize the Yukon Human Rights Commission (“the Commission”) to collect my personal complaint information (like the information contained in this complaint form) and use it to process my human rights complaint.

I consent to the disclosure of my personal information related to my human rights complaint to the Commission for the purposes of dealing with my complaint under the *Human Rights Act*.

I authorize the Commission to discuss my complaint and have such personal information examined by any person it retains to provide expert advice and assistance.

I authorize the Commission to disclose to the Respondent any personal information that is relevant to my complaint, for the purposes of conducting its investigation into my complaint.

I authorize the Commission to use photocopies of this Consent.

**Please print, sign and date the form before submitting.**

**Complainant’s Name**

**Complainant’s signature**

**Date**

**Witness Name**

**Witness signature**

**Date**

## HOW TO REACH THE YUKON HUMAN RIGHTS COMMISSION

**215 - 305 Main Street**

Accessible entrance on 3rd Ave

**E** [info@yukonhumanrights.ca](mailto:info@yukonhumanrights.ca)

**W** [yukonhumanrights.ca](http://yukonhumanrights.ca)

**P** (867) 667.6226

**Toll Free** 1.800.661.0535