



# 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 the Yukon Human Rights Panel of Adjudicators for a hearing.

**First name**

**Last name**

**Mailing address**

**Town or City**

**Home phone number** (include area code)

**Province or Territory**

**Postal code**

**Preferred daytime contact number(s)**

**Cell phone number** (include area code)

Home

Cell

Both

**Your e-mail address**

to which you authorize us to send you personal information related to your complaint

**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.**

**Please tell us below if there is anything Yukon Human Rights Commission staff need to know or do so that you can fully participate in the human rights complaint process. Please let us know if your accommodation needs change at any point during the complaint process.**



# YOUR ALTERNATE CONTACT INFORMATION

(This section is not mandatory)

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, friend, or support worker.

**Name**

**Relationship to you**

**E-mail address**

**Home phone number** (include area code)

**Cell phone number** (include area code)

**How involved in your complaint do you want your alternate contact to be?**

Receive copies of all correspondences

Only contact my alternate contact if you cannot reach me

**If you have a lawyer or legal representative, please enter their contact information here. You do not need a lawyer to participate in the human rights complaint process, but you may have one if you choose.**

**Name**

**Town or City**

**Mailing address**

**Phone number**

**E-mail address**

**Province or Territory**

**Postal code**

# HUMAN RIGHTS COMPLAINT

## IMPORTANT

If the Director accepts your complaint for investigation, the Commission **will disclose** this information to the Respondent.

Using either the space provided or a separate document, please answer the following questions. **If you answer on a separate document, please limit your response to 15 pages.**

It is essential that your complaint clearly identifies the facts which you believe indicate why you were treated unfavourably. For the purposes of the Director's initial screening to decide if a complaint should be accepted for investigation, they will assume the facts set out in your complaint are true. You do not have to provide evidence that supports those facts at this stage of the process. If you have evidence such as documents, photos, or recordings that support the facts that your complaint is based on, you may choose to submit them with your complaint, for convenience's sake, or keep them with you. If you do choose to submit documents with your complaint, **a maximum of 15 pages of supporting documents will be reviewed for the purposes of acceptance**, in addition to your written response. If you choose to submit more than 15 pages of supporting documents, **please clearly identify which 15 pages you would like to be reviewed for the purposes of acceptance.**

If your complaint is accepted, more documents may be requested and all submitted documents will be reviewed at that time.

### 1. Your name

### 2. Who is your complaint against?

This may include one or more people, organizations, or both.

### 3. Where did the alleged discrimination happen?

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

**Town or City**

**Province or Territory**

### 4. When did the alleged discrimination take place?

Start date

End date

Ongoing

**DD/MM/YYYY**

**DD/MM/YYYY**

## 5. Protected grounds

I believe I was discriminated against because of my:  
(Please check any that you believe apply to your situation)

- (a) Ancestry, including colour and race**
- (b) National origin**
- (c) Ethnic or linguistic background/origin**
- (d) Religion or creed**
- (e) Age**
- (f) Sex, including pregnancy**
- (f.01) Gender identity or gender expression**
- (g) Sexual orientation**

- (h) Physical or mental disability**
- (i) Criminal charges or criminal record**
- (j) Political belief, association, or activity**
- (k) Marital or family status**
- (l) Source of income**
- (m) Actual or presumed association with other individuals or groups who identify with the grounds above.**

## 6. Protected areas

I believe I was discriminated against in the following protected area(s):

**Receiving goods and services**

**Employment, and any aspect of employment**

**Membership in or representation by trade unions  
or professional associations**

**Housing, leasing or renting**

**Public contracts**

## IMPORTANT

If you do not feel that you can limit your submission to 15 pages, please contact the Commission and a staff member can help you draft your complaint.

## 7. How and when were you discriminated against based on each protected ground you selected in Question 5? Please give details, including dates if possible.

When answering this question, please clearly explain why you believe each protected ground you selected in Question 5 was part of the reason you were discriminated against. For example, if you say that you were fired and your disability was a factor in the decision to fire you, tell us why you believe that.

7. (Continued)

**8. How did the events described above have a negative effect on you?**

**9. Was the discrimination you describe in Question 7 the result of a rule, policy, or organizational culture?**

**Yes**

**No**

**10. Do you believe that you are the only one who has been discriminated against by the Respondent?**

**Yes**

**No**

## CONSENT

The Commission requires your agreement to each of the following statements, your signature, and a witness' signature in order to file your complaint for review by the Director.

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

**I authorize the Yukon Human Rights Commission to collect my personal complaint information, such as 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 Yukon Human Rights Commission for the purposes of dealing with my complaint under the *Human Rights Act*.**

**I authorize the Yukon Human Rights Commission to discuss my complaint and have such personal information examined by any person it retains to provide expert advice and any person it deems necessary for investigating and dealing with the complaint.**

**I authorize the Yukon Human Rights 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 Yukon Human Rights Commission to use photocopies of this Consent.**

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

|                           |                                |             |
|---------------------------|--------------------------------|-------------|
| <b>Complainant's Name</b> | <b>Complainant's Signature</b> | <b>Date</b> |
| <b>Witness' Name</b>      | <b>Witness' Signature</b>      | <b>Date</b> |

## HOW TO SUBMIT YOUR COMPLAINT FORM

**In person at:** 215-305 Main Street, Whitehorse, Yukon [Accessible entrance on 3<sup>rd</sup> Avenue]

**By mail at:** 215-305 Main Street, Whitehorse, Yukon Y1A 2B4

**By e-mail at:** [info@yukonhumanrights.ca](mailto:info@yukonhumanrights.ca)

**By fax at:** 1-867-667-2662

**If you have any questions please check out our website, or feel free to contact us by email, phone or in-person.**

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

**Phone:** 867-667-6226

**Toll Free:** 1-800-661-0535

