



Complaint Form

You may file a human rights complaint with the Yukon Human Rights Commission (the “Commission”) if you believe you have been discriminated against in Yukon. Generally, complaints must be made within 18 months of the alleged discrimination. There are some exceptions.

Submit your complaint by email to info@yukonhumanrights.ca, mail, or in person to the following address between 8:30 a.m. and 4:30 p.m., Monday to Friday:

215-305 Main Street Whitehorse, Yukon
Accessible entrance on 3rd Avenue

If you do not know whether filing a human rights complaint is the right step for you, please visit our website or contact the Commission to receive free and confidential information about the law in Yukon and the human rights process:

Website: <https://yukonhumanrights.ca/>
Telephone: (867) 667-6226

About this Form

Section A: Complainant Information: You are the complainant. You must file your own complaint in most cases. You may only file a complaint for another person in exceptional circumstances. If any of your contact information changes, it is your responsibility to let us know. We may close your file if we cannot reach you.

Section B: Respondent Information: The respondent is the organization or person who you believe discriminated against you and who you want to make a complaint against. You may include more than one respondent (e.g. an organization and person).

Section C: Complaint Details: In your own words, tell us what happened and how it affected you. We suggest using point form, providing dates, and putting the incidents in order from earliest to most recent. Make sure to explain how what happened to you is related to a ground. The alleged discrimination must fall into one of the areas and be a result of one of the grounds described on page 3.

Section D: Declaration and Signature: It is important that you read the declaration and understand it before you sign. You must agree to all parts of the declaration for us to consider your complaint.

IMPORTANT: The human rights complaint process is **not** anonymous. If your complaint is accepted, the Commission will disclose your complaint to the respondent(s). The Commission will not disclose your personal contact information unless the matter is referred to the Yukon Human Rights Panel of Adjudicators for a hearing.

Section A: Complainant Information

First Name	Last Name	Pronouns
Mailing Address		
Primary Phone Number	Secondary Phone Number	Email Address
Please tell us if you need any accommodation(s) to help you fully participate in the human rights complaint process:		
If you have an alternate contact, please add their name, relationship, email and/or phone number here: Only contact my alternate contact if you cannot reach me Copy my alternate contact on all correspondences		

Section B: Respondent Information

Name of Organization or Person	
Mailing Address	
Phone	Email
If there are any additional respondents, please add their name(s) and contact information here:	

Section C: Complaint Details

The Yukon *Human Rights Act* protects you from discrimination based on the **areas** and **grounds** listed below. Please select the **area(s)** and **ground(s)** that apply to your complaint.

Areas

Receiving goods and services
 Employment, and any aspect of employment
 Housing, leasing or renting
 Membership in or representation by trade unions or professional associations
 Public contracts

Grounds

Ancestry, including colour and race	Physical or mental disability
National origin	Criminal charges or criminal record
Ethnic or linguistic background/origin	Political belief, association, or activity
Religion or creed	Marital or family status
Age	Source of income
Sex, including pregnancy	Actual or presumed association with other individuals or groups who identify with another listed ground
Gender identity or gender expression	
Sexual orientation	

Where did the alleged discrimination take place?

Town or City:

Province or Territory:

When did the alleged discrimination take place?

Start Date:

End Date:

Ongoing

Systemic discrimination is when the combined actions, policies, or procedures of a person or organization work together to cause discrimination.

Yes

No

Unsure

Do you believe that your complaint involves systemic discrimination?

Do you believe that you are the only one who has been discriminated against by the respondent in this way?

Harassment is a form of discrimination that includes a pattern of unwanted conduct, comment, or gesture that is reasonably known to be unwelcome.

Yes

No

Unsure

Do you believe that your complaint involves harassment?

Section C: Complaint Details (Continued)

IMPORTANT: For the purposes of the initial screening stage of the complaint process, the reviewer will generally assume the facts you set out below are true. Therefore, **you do not need to provide proof** in support of your facts at this stage. If you run out of space for your responses below, then you may attach a **maximum of 15 pages** in addition to this complaint form. Only 15 additional pages will be reviewed.

How and when were you discriminated against based on each **area** and **ground** you selected? If you think your complaint involves **systemic discrimination** or **harassment**, please explain here.

Section C: Complaint Details (Continued)

How did the events described above have a negative effect on you (emotionally, physically, mentally, or financially)?

Alternative Procedures

Is your complaint currently in any other process such as a union grievance, a claim before another board or agency, or a lawsuit? If yes, please describe below.

If you selected employment as an **area** related to your complaint in **Section C** and you are a member of a union, please provide their information below. If you did not select employment as an **area** related to your complaint or are not part of a union, continue to **Section D**.

Name of your union (or equivalent)	Name of your union representative
Union representative phone number	Union representative email

Section D: Declaration and Signature

IMPORTANT: Please read the declaration below and make sure you are certain that you understand it before you sign it. **To knowingly make a false claim is a serious offense.**

I, _____, hereby acknowledge and declare that:

1. The information in this complaint form is true and accurate to the best of my knowledge and belief;
2. I understand that if my complaint is accepted, a copy of this complaint and any additional attachments will be sent to the respondent(s);
3. I give the Commission permission to collect my personal complaint information, such as the information and documents contained in this complaint, and to have any information examined by any person the Commission deems necessary;
4. If I am a member of a union, I give my union permission to provide information or grievance materials related to my complaint to the Commission;
5. If my complaint falls outside the jurisdiction of Yukon, I give the Commission permission to share my complaint with the appropriate federal, provincial, or territorial human rights body to avoid delays to my complaint; and
6. I understand that if I do not respond to correspondence from the Commission, my complaint may be stopped.

Signature: _____

Date: _____



**YUKON
HUMAN
RIGHTS**
COMMISSION

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

215-305 Main St., Whitehorse YT, Y1A 2B4
Phone: (867) 667-6226
Email: info@yukonhumanrights.ca
Website: www.yukonhumanrights.ca

OFFICE USE ONLY
Date Received