



Community Law School (Sarnia-Lambton) Inc.

Legal Literacy Activity Form

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Legal Literacy Activity Title: The Canadian Human Rights Act: Filing a Complaint with the Canadian Human Rights Commission.

Date Developed: January 21, 2020

Learner Name:

Date Started:

Date Completed:

Legal Literacy Activity Description: The learner will review a website that outlines what to expect when filing a complaint under the Canadian Human Rights Act, and after reviewing a case study fact situation, will step into the shoes of the person in the case study and complete the Complaint Form.

Materials Required:

- Pen or pencil and paper
- Access to a computer and the internet

Instructor preparation: Read over the learner instructions with the learner and check for understanding.

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Legal Literacy Activities:

Task #1. Using an internet search engine (such as Google), search for “How to file a complaint with the Canadian Human Rights Commission”, and review the information on the “How to File a Complaint” page of the Commission’s website.

Task #2. Using an internet search engine (such as Google), search for “Ways to file a complaint with the Canadian Human Rights Commission”, and review the information on the “Ways to File a Complaint” page of the Commission’s website.

Task #3. Please consider the following Case Study. Using the attached Complaint form, complete the Complaint as if you experienced the events and the discriminatory actions described in the Case Study, using your name, address, and other personal information where the form asks for it.

No Time for Mourning

You have worked for the First Canadian Trust Bank in the auditing department for twelve years. The job does not deal directly with customers and work hours do not necessarily correspond to the hours that the Bank is open to the public. There are six people in your department, all with essentially the same skills and the same job duties.

You are married and had three children: 18-year old twin sons (Tim and Tom), and a 21-year old daughter (Tammie). You recently lost your son Tim to an overdose of opioids. You cannot stop replaying the events of the evening he died: the call from the police, identifying Tim, dealing with family and the funeral home, Tim’s burial—it all keeps coming back. You can’t sleep, and are deeply depressed. You finally sought help from your family doctor, who prescribed some medications and also referred you to a local group for parents who have lost children to opioid overdoses. The group—called Working Through Loss—meets once a week at 9:00 a.m. It has a 12-week grief counselling and discussion program that your doctor strongly recommended that you complete in order to help work through the loss and grief before it becomes so overwhelming that you are unable to function.

Your normal work hours are from 9:00 a.m. to 6:00 p.m, but the department works from 9:00 a.m. to Midnight six days a week. You were able to arrange a change of your hours to 10:30 a.m to 7:30 p.m for three weeks, but after than your boss said “Buck up and get back to your regular schedule, it’s not like you are going to chemo or something vital like that.” Your boss refused to extend the change in work hours, or to consider any other accommodation so that you can complete the Working Through Loss program. That was two months ago, and your mental health is deteriorating rapidly. Desperate, you have decided to file a complaint with the Canadian Human Rights Commission.

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Answers for the Legal Literacy Activities:

Task #1

The learner will locate and review the relevant section of the Canadian Human Rights Commission website.

Task #1

The learner will locate and review the relevant section of the Canadian Human Rights Commission website.

Task #2

The learner will locate and review the relevant section of the Canadian Human Rights Commission website.

Task #3 No Time for Mourning

The answers will be the completed Complaint form filled out by the Learner, and will vary from learner to learner.

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These Legal Literacy Activities: were successfully completed ___ need to be tried again ___

Learner Comments

Instructor (print and signature)

Learner Signature



COMPLAINT FORM

YOUR CONTACT INFORMATION (You are the complainant)

Your first name		Your last name	
Mailing address			
Town or city		Province	Postal code
Home phone number <i>(include area code)</i>	Work phone number <i>(include area code)</i>	Cell phone number <i>(include area code)</i>	Fax number <i>(include area code)</i>
At which number(s) can we reach you during the day? Home Work Cell			
Your e-mail address, if any, by which you authorize us to send you personal information related to your complaint:			
Please check here if your phone is a TTY (Text Telephone) If you have any special needs related to a disability that the Commission should know about, such as a specific format for communicating with you, please describe here:			
Please select the box that applies to you (If none of these apply to you, contact the Commission): Canadian citizen Permanent resident In Canada on a Visa as a visitor, student or temporary foreign worker			

If any of your contact information changes during the complaint process, it is your responsibility to inform us, otherwise your complaint could experience a delay or even be closed.

YOUR ALTERNATE CONTACT INFORMATION

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.

Name of your alternate contact:		
Home phone number <i>(include area code)</i>	Work phone number <i>(include area code)</i>	Cell phone number <i>(include area code)</i>
E-mail address		

YOUR REPRESENTATIVE'S CONTACT INFORMATION

You do not need to hire a lawyer or other representative to file a complaint.

I do not have a representative

If you do choose to hire a lawyer, please provide the following contact information.

Name of your representative	Firm		
Mailing address			
Town or city		Province	Postal code
Work phone number <i>(include area code)</i>	Cell phone number <i>(include area code)</i>	Fax number <i>(include area code)</i>	
E-mail address			

I prefer that information concerning my complaint be sent: *(Select one)*

only to me;

only to my representative; or

to my representative with a copy to me.

TRADE UNION OR EQUIVALENT

Are you a member of a trade union or equivalent? Yes No

I give permission to the Commission to contact my trade union or equivalent regarding my complaint. If **yes**, please provide the following information:

Name of your trade union or equivalent	
Name of your union representative	
Work phone number <i>(include area code)</i>	Cell phone number <i>(include area code)</i>
E-mail address	



YOUR COMPLAINT

Your Name:

ORGANIZATION YOUR COMPLAINT IS AGAINST

(This is the respondent)

If there is more than one respondent, you must file a separate complaint against each one.

Name of business, organization or association

In what city and province (or territory) did the alleged discrimination happen? (If the events took place outside Canada, please contact the Commission)

City or town:

Province or territory:

When did the alleged discrimination take place? (The alleged discrimination has to be less than one year old, but exceptions may apply):

Start date (dd/mm/yyyy):

Last date (dd/mm/yyyy):

I have a reasonable basis to believe that the respondent discriminated against me based on one or more of the following ground(s) of discrimination (Please check only the ones that apply to your situation):

Race

National or ethnic origin

Colour

Religion

Age

Sex

Sexual orientation

Gender identity or expression

Marital status

Family status

Genetic characteristics

Disability

A conviction for which a pardon has been granted or a record suspended

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 (no more than three (3) pages *in total*). If you have any supporting documents, keep them with you. You may be asked for them at a later date during the process.

How and when were you treated differently, based on each ground of discrimination you have identified? Summarize and give the dates of each event.

Summary (continued)

How did these events have a negative effect on you? Briefly describe the steps you have taken to resolve the situation?



AGREEMENTS

The legal basis for the following agreements are explained in the Privacy Notice of the *How to file your complaint* document.

I agree that the Commission may use the information provided in my complaint to assist it in researching issues and in addressing human rights issues in Canada. I understand that the Commission will never include my personal or other identifying information in any public report, and that my personal information is still protected by privacy laws. I understand that if I do not agree, the Commission will still process my complaint.

In order for the Commission to process your complaint, you need to check each one of the checkboxes below to show your agreement:

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

I authorize the Commission to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint.

I authorize anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the Commission. The Commission can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.

Please print, sign and date the form before submitting.

Complainant's signature _____ **Date** _____

You can reach the Commission by:

- Mail: Canadian Human Rights Commission, 344 Slater Street, 8th floor, Ottawa, ON K1A 1E1
- Email: Complaint@chrc-ccdp.gc.ca
- Facsimile: 1-613-996-9661
- Telephone: 1-888-214-1090
- TTY: 1-888-643-3304