



# Human Rights Tribunal of Ontario

## Application under Section 34 of the Human Rights Code (Form 1)

(Disponible en français)

[www.hrto.ca](http://www.hrto.ca)

### How to Apply to the Human Rights Tribunal of Ontario

#### Before you start:

1. Read the questions and answers below to find out if the Human Rights Tribunal of Ontario (the Tribunal) has the ability to deal with your Application.
2. Download and read the **Applicant's Guide** from the Tribunal's web site [www.hrto.ca](http://www.hrto.ca). If you need a paper copy or accessible format, contact us:

Human Rights Tribunal of Ontario  
655 Bay Street, 14th floor  
Toronto, Ontario  
M7A 2A3

Phone: 416-326-1312 Toll-free: 1-866-598-0322  
Fax: 416-326-2199 Toll-free: 1-866-355-6099  
TTY: 416-326-2027 Toll-free: 1-866-607-1240  
Email: [HRTO.Registrar@ontario.ca](mailto:HRTO.Registrar@ontario.ca)  
Website: [www.hrto.ca](http://www.hrto.ca)

The Tribunal has other guides and practice directions to help all parties to an Application understand the process. Download copies from the Tribunal's website or contact us

3. Complete each section of this Application form. As you fill out each section, refer to the instructions in the **Applicant's Guide**.

#### Getting help with your application

For free legal assistance with the application process, contact the **Human Rights Legal Support Centre** at Website: [www.hrlsc.on.ca](http://www.hrlsc.on.ca), 180 Dundas Street West, 7th floor, Toronto, ON M7A 0A1, Tel: 416-314-6266, toll-free 1-866-625-5179, Fax: 416-314-6202, toll-free 1-866-625-5180, TTY 416-314-6651, toll-free 1-866-612-8627.

#### Questions About Filing an Application with the Tribunal

The following questions and answers are provided for general information. They should not be taken as legal advice or a determination of how the Tribunal will decide any particular application. For legal advice and assistance, contact the **Human Rights Legal Support Centre**.

#### Who can file an Application with the Tribunal?

You can file an Application if you believe you experienced discrimination or harassment in one of the five areas covered by the Ontario Human Rights Code (the Code). The Code lists a number of grounds for claiming discrimination and harassment. To find out if you have grounds for your complaint under the Code, read the **Applicant's Guide**.

#### What is the time limit for filing an Application?

You can file an Application up to one year after you experienced discrimination or harassment. If there was a series of events, you can file up to one year after the last event. In some cases, the Tribunal may extend this time.

#### The discrimination happened outside Ontario. Can I still apply?

In most cases, no. To find out about exceptions, contact the **Human Rights Legal Support Centre**



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**My complaint is against a federal government department, agency, or a federally regulated business or service. Should I apply to the Tribunal?**

No. Contact the Canadian Human Rights Commission. Web: <http://www.chrc-ccdp.ca>. Mail: 344 Slater Street, 8th Floor, Ottawa, Ontario K1A 1E1. Phone: (613) 995-1151. Toll-free: 1-888-214-1090. TTY: 1-888-643-3304. Fax: (613) 996-9661.

**Should I use this form if I am applying because a previous human rights settlement has been breached?**

No. If you settled a previous human rights application and the respondent did not comply with the settlement agreement, use the special application called **Application for Contravention of Settlement, Form 18**. For a paper copy, contact the Tribunal.

**Can I file this Application if I am dealing with or have dealt with these facts or issues in another proceeding?**

The Code has special rules depending on what the other proceeding is and at what stage the other proceeding is at. Read the **Applicant's Guide** and get legal advice, if:

1. You are currently involved in, or were previously involved in a civil court action based on the same facts and asked for a human rights remedy; or
2. You have ever filed a complaint with the Ontario Human Rights Commission based on the same subject matter; or
3. You are currently involved in, or were previously involved in another proceeding (for example, union grievance) based on the same facts.

**How do I file an Application on behalf of another person?**

To file an Application on behalf of another person, you must complete and file this Application Form (Form 1) as well as an Application on Behalf of Another Person (Form 4). When completing this Application, you must check the box in Question 1 that indicates you are filing an Application on Behalf of Another Person. You must provide your name and contact information in Question 1.

The completed Form 4 can be attached to your Application or sent to the Tribunal separately by mail, fax or email. If sent separately, it must be sent within five (5) days following the filing of your Application.

For more information on Applications on behalf of another person, please see the Tribunal's Practice Direction

### Learn more

To find out more about human rights in Ontario, visit [www.ohrc.on.ca](http://www.ohrc.on.ca) or phone 1-800-387-9080.



# Human Rights Tribunal of Ontario

## Application under Section 34 of the Human Rights Code (Form 1)

Note: Complete all parts of this form, using the Applicant's Guide for help. If your form is not complete, the Tribunal may return it to you. This will slow down the Application process.

### Contact Information for the Applicant

#### 1. Personal Contact Information

Please give us your personal contact information. This information will be shared with the Respondent(s) and all correspondence from the Tribunal and the Respondent(s) will go here. If you do not want the Tribunal to share this contact information, please complete Question 2.

Check here if you are filing an Application on Behalf of Another Person (Form 4).

First (or Given) Name	Middle Name	Last (or Family) Name
[REDACTED]		[REDACTED]

Street #	Street Name	Apt/Suite
[REDACTED]	[REDACTED]	

City/Town	Province	Postal Code	Email
[REDACTED]	Ontario	[REDACTED]	

Daytime Phone	Cell Phone	Fax	TTY
[REDACTED]			

What is the best way to send information to you?  
(If you check email, you are consenting to delivery of documents by email)  Mail  Email  Fax



# Human Rights Tribunal of Ontario

## 2. Alternative Contact Information

If you want the Tribunal to contact you through another person, you must provide contact information for that person below. You should fill this section out if it will be difficult for the Tribunal to reach you at the address above or if you want the Tribunal to keep your contact information private. **If you complete this section, all correspondence will go to your Alternative Contact.**

First (or Given) Name	Middle Name	Last (or Family) Name	
Street #	Street Name	Apt/Suite	
City/Town	Province	Postal Code	Email
	Ontario		
Daytime Phone	Cell Phone	Fax	TTY

What is the best way to send information to the Alternative Contact?  
(If you check email, you are consenting to delivery of documents by email)

Mail    Email    Fax



# Human Rights Tribunal of Ontario

## 3 Representative Contact Information

I authorize the named organization and/or person to represent me.

First (or Given) Name

Last (or Family) Name

Julian

Falconer

Organization (if applicable)

Falconer Charney LLP

Street #

Street Name

Apt/Suite

8

Prince Arthur Ave.

City/Town

Province

Postal Code

Email

Toronto

Ontario

M5R 1A9

Daytime Phone

Cell Phone

Fax

TTY

416-964-3408

416-929-8179

LSUC #:

29465R

What is the best way to send information to the Representative?  
(If you check email, you are consenting to delivery of documents by email)

Mail

Email

Fax



# Human Rights Tribunal of Ontario

## Contact Information for the Respondent(s)

### 4 Respondent Contact Information

Please choose the type of respondent:  Individual Respondent  Organization Respondent

#### Organization Respondent

Name the organization you believe discriminated against you (the Respondent).

#### Full Name of Organization

Lakehead District School Board

#### Name of the Contact Person from the Organization

First (or Given) Name	Last (or Family) Name	Title
Terry	Ellwood	Director of Education

Street #	Street Name	Apt/Suite
2135	Sills Street	

City/Town	Province	Postal Code	Email
Thunder Bay	Ontario	P7E 5T2	

Daytime Phone	Cell Phone	Fax	TTY
807-684-1304		807-684-1304	

### Additional Respondent Contact Information

Please choose the type of respondent:  Individual Respondent  Organization Respondent

#### Additional Organization Respondent

Name the organization you believe discriminated against you (the Respondent).

#### Full Name of Organization

3. Thunder Bay Police

#### Name of the Contact Person from the Organization

First (or Given) Name	Last (or Family) Name	Title
Robert	Herman	Chief of Police



# Human Rights Tribunal of Ontario

Street #	Street Name	Apt/Suite	
1200	Balmoral Street		
City/Town	Province	Postal Code	Email
Thunder Bay	Ontario	P7B 5Z5	
Daytime Phone	Cell Phone	Fax	TTY
807-684-1304		807-623-9242	

### Additional Respondent Contact Information

Please choose the type of respondent:     Individual Respondent     Organization Respondent

#### Additional Organization Respondent

Name the organization you believe discriminated against you (the Respondent).

#### Full Name of Organization

4. Her Majesty the Queen in Right of Ontario, as represented by the Ministry of the Atton

#### Name of the Contact Person from the Organization

First (or Given) Name	Last (or Family) Name	Title
Chris	Bentley	Attorney General

Street #	Street Name	Apt/Suite	
720	Bay Street- McMurtry-Scott Building	11th Floor	
City/Town	Province	Postal Code	Email
Toronto	Ontario	M5G 2K1	
Daytime Phone	Cell Phone	Fax	TTY
416-326-2220		416-326-4007	

### Additional Respondent Contact Information

Please choose the type of respondent:     Individual Respondent     Organization Respondent



# Human Rights Tribunal of Ontario

## Additional Individual Respondent

Name the person you believe discriminated against you (the Respondent).

First (or Given) Name	Middle Name	Last (or Family) Name	
Dan		Mitchell	
Street #	Street Name	Apt/Suite	
277	Camelot St		
City/Town	Province	Postal Code	Email
Thunder Bay	Ontario	P7A 4B3	
Daytime Phone	Cell Phone	Fax	TTY
807-343-2720		807-343-2745	

## Additional Respondent Contact Information

Please choose the type of respondent:     Individual Respondent     Organization Respondent

## Additional Individual Respondent

Name the person you believe discriminated against you (the Respondent)

First (or Given) Name	Middle Name	Last (or Family) Name	
Unknown (Ms.)		Nadeau	
Street #	Street Name	Apt/Suite	
2135	Sills Street		
City/Town	Province	Postal Code	Email
Thunder Bay	Ontario	P7E 5T2	
Daytime Phone	Cell Phone	Fax	TTY
807-684-1304		807-684-1304	

## Additional Respondent Contact Information

Please choose the type of respondent:     Individual Respondent     Organization Respondent

## Additional Organization Respondent



# Human Rights Tribunal of Ontario

Name the organization you believe discriminated against you (the Respondent).

**Full Name of Organization**

Thunder Bay Police Services Board

**Name of the Contact Person from the Organization**

First (or Given) Name	Last (or Family) Name	Title
Wayne	Bahillieda	Board Chair

Street #	Street Name	Apt/Suite
500	Donald Street East	

City/Town	Province	Postal Code	Email
Thunder Bay	Ontario	P7E 5V3	

Daytime Phone	Cell Phone	Fax	TTY
807-625-2230			

**Additional Respondent Contact Information**

Please choose the type of respondent:  Individual Respondent  Organization Respondent

**Additional Individual Respondent**

Name the person you believe discriminated against you (the Respondent)

First (or Given) Name	Middle Name	Last (or Family) Name
Shawn		Harrison

Street #	Street Name	Apt/Suite
1200	Balmoral Street	

City/Town	Province	Postal Code	Email
Thunder Bay	Ontario	P7B 5Z5	

Daytime Phone	Cell Phone	Fax	TTY
807-684-1210	807-628-2285	807-623-6016	

**Additional Respondent Contact Information**



# Human Rights Tribunal of Ontario

Please choose the type of respondent:     Individual Respondent     Organization Respondent

## Additional Individual Respondent

Name the person you believe discriminated against you (the Respondent)

First (or Given) Name	Middle Name	Last (or Family) Name	
Sylvia		Hauth	
Street #	Street Name	Apt/Suite	
1200	Balmoral Street		
City/Town	Province	Postal Code	Email
Thunder Bay	Ontario	P7B 5Z5	
Daytime Phone	Cell Phone	Fax	TTY
807-684-1200			

[Add Another Respondent](#)



# Human Rights Tribunal of Ontario

## Grounds of Discrimination

### 5 Grounds Claimed

The Ontario Human Rights Code lists the following grounds of discrimination or harassment. Put an "X" in the box beside each ground that you believe applies to your Application. You can check more than one box.

- Race
- Colour
- Ancestry
- Place of Origin
- Citizenship
- Ethnic Origin
- Disability
- Creed
- Sex Including Sexual Harassment, Pregnancy and Gender Identity
- Sexual Solicitation or Advances
- Sexual Orientation
- Family Status
- Marital Status
- Age
- Receipt of Public Assistance (Note: This ground applies only to claims about Housing)
- Record of Offences (Note: This ground applies only to claims about Employment)
- Association with a Person Identified by a Ground Listed Above
- Reprisal or Threat of Reprisal

## Areas of Discrimination under the Code

### 6 Area of Alleged Discrimination

The Ontario Human Rights Code prohibits discrimination in five areas. Put an "X" in the box beside the area where you believe you have experienced discrimination (choose one). Read the **Applicant's Guide** for more information on each area.

- Employment
- Housing
- Goods, Services or Facilities
- Contracts
- Membership in a Vocational Association

Does your Application involve discrimination in other areas?  Yes  No

If "Yes", put an "X" in the box beside any other area where you believe you experienced discrimination

- Employment  Housing  Goods, Services or Facilities  Contracts  Vocational Association



# Human Rights Tribunal of Ontario

## Facts that Support Your Application

### 7 Location and Date (see Applicant's Guide)

Please answer the following questions.

<b>a)</b> Did these events happen in Ontario?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>b)</b> In what city/town?	Thunder Bay	
<b>c)</b> What was the date of the last event? (DD/MM/YYYY)	04/05/2009	
<b>d)</b> If you are applying more than one year from the last event, please explain why:		



# Human Rights Tribunal of Ontario

## Facts that Support Your Application

### 8 What Happened

Describe each event below you believe was discrimination.

For each event, be sure to say:

- What happened
- Who was involved
- When it happened (day, month, year)
- Where it happened

Be as complete and accurate as possible. Be sure to give details of every incident of discrimination you want to raise in the hearing.

See Attached Schedule A



# Human Rights Tribunal of Ontario

## The Effect on You

### 9 How the Events You Described Affected You

Tell us how the events you described affected you. What was the effect (financial, social, emotional or mental health, or any other)?

See Attached Schedule A

## The Remedy

### 10 The Remedy You are Asking For (see Applicant's Guide)

Put an "X" in the box beside each type of remedy you want from the Respondent(s). Explain why you want it in the space below.

<input checked="" type="checkbox"/> Financial Remedy	Enter the Total Amount \$ <i>To be determined</i>
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Explain below how you calculated this amount:

To be determined



# Human Rights Tribunal of Ontario

Other Specific Remedy-Explain below:

To be determined

Public Interest Remedy-Explain below:

To be determined

## Mediation

### 11 Choosing Mediation to Resolve Your Application

Mediation is one of the ways the Tribunal tries to resolve disputes. It is a less formal process than a hearing. Mediation can only happen if both parties agree to it. A Tribunal Member will be assigned to mediate your Application. The Member will meet with you to talk about your Application. The Member will also meet with the Respondent(s) and will try to work out a solution that both sides can accept. If Mediation does not settle all the issues, a hearing will still take place and a different Member will be assigned to hear the case. Mediation is confidential.

Do you agree to try mediation?  Yes

## Other Legal Proceedings

### 12 Civil Court Action (see Applicant's Guide)

Note: If you answer "Yes" to any of these questions, you must send a copy of the statement of claim that started the court action.

a) Has there been a court action based on the same facts as this Application?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
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### 13 Complaint Filed with the Ontario Human Rights Commission (see Applicant's Guide)

Note: If you answer "Yes", you must attach a copy of the complaint.

Have you ever filed a complaint with the Commission based on the same facts as this Application?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
--	---------------------------	-------------------------------------



# Human Rights Tribunal of Ontario

## 14 Other Proceeding- In Progress (see Applicant's Guide)

Note: If you answer "Yes" to question "14a" you must attach a copy of the document that started the other proceeding.

a) Are the facts of this Application part of another proceeding that is still in progress?		<input type="radio"/> Yes (Answer 14b)	<input checked="" type="radio"/> No (Go to 15)
b) Describe the other proceeding:			
<input type="checkbox"/> A union grievance	Name of Union:		
<input type="checkbox"/> A claim before another board, tribunal or agency	Name of board, tribunal, or agency:		
<input type="checkbox"/> Other	Explain what the other proceeding is:		
c) Are you asking the Tribunal to defer (postpone) your Application until the other proceeding is completed?		<input type="radio"/> Yes	<input type="radio"/> No

## 15 Other Proceeding- Completed (see Applicant's Guide)

Note: If you answer is "Yes" to question "15a" you must attach a copy of the document that started the other proceeding and a copy of the decision from the other proceeding.

a) Were the facts of this Application part of some other proceeding that is now completed?		<input type="radio"/> Yes (Answer Question 15b)	<input checked="" type="radio"/> No (Got to 16)
b) Describe the other proceeding:			
<input type="checkbox"/> A union grievance	Name of Union:		
<input type="checkbox"/> A claim before another board, tribunal or agency	Name of board, tribunal, or agency:		
<input type="checkbox"/> Other	Explain what the other proceeding is:		
c) Explain why you believe the other proceeding did not appropriately deal with the substance of this Application.			



# Human Rights Tribunal of Ontario

## Documents that Support this Application

### 16 Important Documents You Have

If you have documents that are important to this Application, list them here. List only the most important. You do not need to send copies at this time. Indicate whether the document is privileged. (see **Applicant's Guide**)

Document Name	Why it is Important to my Application
Police Investigation File	Establishes that police had the necessary evidence to lay a charge of assault.
Letter from Lakehead District School Board (May 20, 2009)	Admission by the school board that their employee, Ms. Nadeau cut the applicant's hair without consent.
Letter from Lakehead District School Board (June 4, 2009)	Summary of findings from school board investigation into the cutting of the applicant's hair without consent.

Add more Documents

### 17 Important Documents the Respondent Has

If you believe the Respondent(s) have documents that you do not have that are important to your Application, list them here. List only the most important.

Document Name	Why it is Important to my Application	Name of Respondent who has it
Unknown	Unknown	Unknown

Add more Documents

### 18 Important Documents Another Person or Organization Has

If you believe another person or organization has documents that you do not have that are important your Application, list them here. List only the most important.

Document Name	Why it is Important to my Application	Name of Person or Organization who has it
Unknown	Unknown	Unknown

Add more Documents

## Confidential List of Witnesses

### 19 Witnesses

Please list the witnesses that you intend to rely on in the hearing. **Note:** The Tribunal will not send this list to the Respondent(s). (see **Applicant's Guide**)

Name of Witness	Why this Witness is Important to my Application



# Human Rights Tribunal of Ontario

[Redacted]	Applicant
[Redacted]	Mother of minor applicant
Further witnesses to be determined	

Add more Witnesses

## Other Important Information

### 20 Other Important Information the Tribunal Should Know

Is there any other important information you would like to share with the Tribunal?

Not at this time



# Human Rights Tribunal of Ontario

## Checklist of Required Documents

### 21 Other Documents (from Questions 12 to 15)

Confirm whether you are sending the Tribunal any of the following documents:

- A copy of a statement of claim (from Question 12)
- A copy of a complaint filed with the Ontario Human Rights Commission (from Question 13)
- A copy of a document that started another proceeding based on these facts (from Question 14 or 15)
- A copy of a decision from another proceeding based on these facts (from Question 15)

## Application to the Human Rights Tribunal of Ontario Area of Discrimination: Goods, Services or Facilities (Form 1-C)

Note: Complete this form if you believe you were harassed or discriminated against in the area of Goods, Services or Facilities.

### PART I



# Human Rights Tribunal of Ontario

## Questions About the Service, Good or Facility

**C1** Put an "X" beside the point that best describes the service, good or facility that this Application is based on.

- |  |   |
|--|---|
| <input type="checkbox"/> Income support                          | <input type="checkbox"/> Store  |
| <input checked="" type="checkbox"/> Education & training         | <input type="checkbox"/> Theatre  |
| <input checked="" type="checkbox"/> Police services              | <input type="checkbox"/> Insurance  |
| <input type="checkbox"/> Medical/health services                 | <input type="checkbox"/> Public transportation  |
| <input type="checkbox"/> Sporting or other recreational facility | <input checked="" type="checkbox"/> Government, please describe: administration of criminal justice |
| <input type="checkbox"/> Retail                                  | <input type="checkbox"/> Other, please describe:  |

**C2** Complete this section only if your Application is about a practice or policy.

Tell us what is the practice or policy you are complaining about and explain how it relates to equal treatment with respect to services, goods or facilities.

Not Applicable

**C3** Complete this section only if your Application is about a law.

Tell us what is the law you are complaining about and explain how it relates to equal treatment with respect to services, goods or facilities.

Not Applicable



# Human Rights Tribunal of Ontario

## Questions About Complaining to Someone in Authority

Complete this section only if you complained to someone in authority about the alleged discrimination.

**C4** To whom did you complain?

Complaints were made to the following:

1) McKellar Park Public School principal, Ms. Probizanski ; 2) Lakehead District School Board; and 3) Thunder Bay Police Service

**C5** Was there an investigation?

Yes

No (Go to Part II)

**a)** If you answered "Yes" to C5, what was the outcome of the investigation?

The investigation completed by the school board found that Ms. Nadeau did in fact cut [redacted] hair without consent, and Ms. Nadeau was transferred from McKellar Park Public School to another school within the Lakehead District Public School Board. The investigation completed by the Thunder Bay Police Service was sent to the Thunder Bay Crown Attorney's Office for review and no charges were laid.

## PART II

The following Part asks you to answer how you believe you were discriminated against based on grounds you identified. If you believe that you were discriminated against based on more than one ground, fill out all the sections that apply.

## Questions About Discrimination on the Grounds of Race, Colour, Ancestry,

## Place of Origin, Citizenship, or Ethnic Origin

Complete this section only if you believe that you have been discriminated against on one or more of these grounds: race, colour, ancestry, place of origin, citizenship, or ethnic origin.

**C6** Explain why you believe you were discriminated against based your race, colour, ancestry, place of origin, citizenship, or ethnic origin.

Please See Attached Schedule A

**C7** Please describe how you identify yourself in terms of your race, colour, ancestry, place of origin, citizenship, or ethnic origin.

Please See Attached Schedule A



# Human Rights Tribunal of Ontario

## Questions About Discrimination on the Ground of Creed (Faith, Religion or System of Beliefs)

Complete this section only if you believe that you have been discriminated against on the ground of creed (faith, religion or system of beliefs)

<b>C13</b> Explain why you believe you were discriminated against based on your creed	Please See Attached Schedule A
<b>C14</b> Please describe your creed	Please See Attached Schedule A

## Declaration and Signature

### Declaration and Signature

**Declaration: Do not sign your Application until you are sure that you understand what your are declaring here.**

To the best of my knowledge, the information in my Application is complete and accurate.

I understand that information about my Application can become public at a hearing, in a written decision, or in other ways determined by Tribunal policies.

I understand that the Tribunal must provide a copy of my Application to the Ontario Human Rights Commission on request.

I understand that the Tribunal may be required to release information requested under the Freedom of Information and Protection of Privacy Act (FIPPA).

Put an "X" in this box if you are filing your Application electronically. This represents your signature.

Digital Signature Date:



# Human Rights Tribunal of Ontario

## Accommodation Required

If you require accommodation of Code related needs please contact the Registrar at [hrto.Registrar@ontario.ca](mailto:hrto.Registrar@ontario.ca) or

Phone: 416-326-1312 Toll-free: 1-866-598-0322  
Fax: 416-326-2199 Toll-free: 1-866-355-6099  
TTY: 416-326-2027 Toll-free: 1-866-607-1240

**Note: Only file your Application once. If the Tribunal receives your application more than once, it will only accept the first Application Form received.**

## For office use only:

[This area contains a large, faint, illegible stamp or watermark, likely a security or tracking mark.]

Submit by email

Print Form