Tribunals Ontario

Human Rights Tribunal of Ontario
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6
Telephone: 416-326-1312 / 1-866-598-0322
Teletypewriter (TTY): 1-800-855-0511
Email: HRTO.Registrar@ontario.ca

Response to a Request to Reassign
a Member or Panel
under s. 4.4 of the *SPPA*

Form 30

Disponible en français

Before Completing this Form

Before completing this form, please see the Practice Direction on Reassignment of a Member or Panel under s. 4.4 of the *SPPA*.

If you wish to respond to a Request to Reassign a Member or Panel under s. 4.4 of the *SPPA* (Form 29), you must file this form (Form 30) no later than fourteen (14) days after receiving the Form 29.

Follow these steps to complete your response:

1. Fill out this form.
2. All documents you are relying on must be included with this form.
3. Deliver a copy of this form to all parties and any person or organization who has an interest in this Request.
4. File the Form 30 with the Tribunal.
5. Verify that you have delivered a copy of the Form 30 to the required parties by filing a Statement of Delivery (Form 23) or by confirming delivery to the other parties on the cover letter or email to the Tribunal.

Download forms from the Tribunal's web site tribunalsontario.ca/hrto. If you need an accessible format, contact us:

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Form 30

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Application Information

Tribunal File Number:

Name of Applicant:

Name of Each Respondent:

1. Your contact information (person or organization making this Request)

First Name:	Last (or Family) Name:	
Organization (if applicable):		
Mailing Address Street Number: / Street Name:		Unit/Apt./Suite:
City:	Province:	Postal Code:
Email Address:	Phone Number:	Other:

If you are filing this as the Representative (e.g. lawyer) of one of the parties please indicate:

Name of party you act for and are filing this on behalf of: | LSO No. (if applicable):

What is the best way to send information to you? ◯ Email ◯ Mail

If you check email, you are consenting to the delivery of documents by email.

Check off whether you are (or are filing on behalf of) the:

◯ Applicant ◯ Respondent ◯ Ontario Human Rights Commission

◯ Other – describe:

2. What is your position on the Request to Reassign a Member or Panel?

◯ I agree with the Request

◯ I disagree with the Request

◯ I take no position on the Request

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3. What are your reasons for your position on the Request, including any facts relied on and submissions supporting or opposing the Request?

4. If you are relying on any documents in your response to the Request, please list below and attach. You must include all the documents you are relying on.

5. Signature

By signing my name, I declare that, to the best of my knowledge, the information that is found in this form is complete and accurate.

Signature: *(If filing electronically, sign by typing your name here.)*	Date: *(dd/mm/yyyy)*

Collection of Information:

The Human Rights Tribunal of Ontario (HRTO) has the right under the *Human Rights Code* and the *Statutory Powers Procedure Act* to collect the information requested on this form to fulfill its legislative mandate. After you file the form, all information related to the proceeding may become publicly available in a tribunal decision, order, or other document, in accordance with Tribunals Ontario's *Access to Records Policy* and the *Tribunal Adjudicative Records Act, 2019*. Parties wanting records or information to remain confidential must seek a confidentiality order from an adjudicator. If you have questions about confidentiality orders or access to records, please contact us by email at HRTO.registrar@ontario.ca or at 416-326-1312 or 1-866-598-0322 (toll-free).