Application under Section 35 of the *Human Rights Code* by the Ontario Human Rights Commission
Form 7

Disponible en français

This application must be delivered to the named respondent(s) and any affected persons identified in the application before it is filed together with a *Statement of Delivery* (Form 23) with the Tribunal.

Information for all respondent(s) and affected persons named in this application

To respond to a Commission application follow these steps:

1. Fill out *Response to an Application by the Ontario Human Rights Commission* (Form 8).
2. Deliver a copy of Form 8 to the Commission and any other parties or identified affected persons named in the application.
3. Complete a *Statement of Delivery* (Form 23).
4. File Form 8 and Form 23 with the Tribunal.

Form 8 must be filed with the Tribunal no later than **60 days** after this application was delivered to you.

Within 45 days of the filing of the response(s) the Tribunal will convene a case conference with all the parties and affected persons to discuss the conduct of the proceeding.

Download Forms

Download forms from the Forms & Filing section of the HRTO web site at tribunalsontario.ca/hrto. If you need a paper copy or accessible format, contact us:

Human Rights Tribunal of Ontario
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6

Phone: 416-326-1312 Toll-free: 1-866-598-0322
TTY: 416-326-2027 Toll-free: 1-866-607-1240
Email: hrto.registrar@ontario.ca

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1. Commission Contact Information

Name of Contact Person			LSO No. (if applicable)
Street Number	Street Name		Apt/Suite
City/Town	Province	Postal Code	Email
Daytime Phone	Cell Phone	Fax	TTY

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

2. Respondent Contact Information

Use this section to name each organization or individual that is alleged to have infringed rights under the *Code*. These organizations or individuals will be respondents to this application.

If the respondent is an organization, complete **a) Organization Respondent**. If the respondent is an individual, complete **b) Individual Respondent**. If both an organization and an individual are being named, fill out both sections. If there is more than one organization or individual respondent, please attach a separate sheet of paper with the information for each respondent. Number each page.

a) Organization Respondent

Full Name of Organization

Contact person in the organization:

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

b) Individual Respondent

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

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3. Contact Information – Affected Persons

If there is any other person or organization (such as a union or occupational association) which might be affected by this Application to the Tribunal (Affected Person) provide their contact information here.

Full Name of Person or Organization

Street Number	Street Name	Apt/Suite

City/Town	Province	Postal Code	Email

Daytime Phone	Cell Phone	Fax	TTY

4. Please check each ground of discrimination claimed

- ☐ 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
- ☐ Record of offences
- ☐ Association
- ☐ Reprisal or threat of reprisal

5. Please check the area(s) of discrimination claimed

- ☐ Employment
- ☐ Housing
- ☐ Goods, services, and facilities
- ☐ Contracts
- ☐ Membership in a Vocational Association

6. Indicate why, in the opinion of the Commission, the application is in the public interest

7. What are the facts and issues the Commission wants to address?

8. What are the material facts on which the Commission intends to rely?

9. What remedies are the Commission seeking under s. 45(3)?

10. Does the Commission agree to mediation?

Do you agree to try mediation? ☐ Yes

11. List the documents in the Commission's possession that it intends to rely on. Copies do not need to be sent at this time.

Document name	Why the document is important to the application

12. List the documents the Commission believes are in the respondent(s)' possession that are relevant to the application.

Document name	Why the document is important to the application	Name of person who has it

13. List the documents the Commission believes are in the possession of another person or organization that are relevant to the application.

Document name	Why the document is important to the application	Name of person who has it

14. 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)*

Accommodation Required

If you require accommodation of *Code* related needs please contact the Registrar at hrto.registrar@ontario.ca or

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

Collection of Information:

Under the Ontario *Human Rights Code*, the Human Rights Tribunal of Ontario (HRTO) has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the HRTO uses your personal information, contact the HRTO at 416-326-1312 or 1-866-598-0322 (toll-free.)