Response to an Application for Contravention of Settlement – Rule 24
Form 19

Disponible en français

A party to a settlement may respond to an Application for Contravention of Settlement by completing this Form 19.

Follow these steps to make your Response:

1. Fill out Form 19.
2. Deliver a copy of Form 19 to each party to the settlement.
3. Complete a Statement of Delivery (Form 23).
4. File Form 19 and Form 23 with the Tribunal.

You must file your Response to an Application for Contravention of a Settlement **fourteen (14) days** after the Application for Contravention of Settlement was delivered to you.

Download forms from the Tribunal's web site 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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Application Information	
Tribunal File Number:	
Name of Applicant:	
Name of Each Respondent:	

1. Contact Information

Please provide your contact information. Complete **a) Organization** or **b) Individual**.

a) Organization

Full Name of Organization: _____

Name of the person within this organization who is authorized to negotiate and bind the organization with respect to this application:

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

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.)

b) Individual

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

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.)

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2. Representative Contact Information

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

First (or Given) Name	Last (or Family) Name	
Organization (if applicable)		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 your Representative? ◯ Mail ◯ Email ◯ Fax

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

3. What is your response to each allegation of a contravention of the settlement? What is your response to the remedy requested?

4. Declaration and Signature

Instructions: Do not sign your Response until you are sure that you understand what you are declaring here.

Declaration:

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

I understand that information about my Response 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 Response 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).

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

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.)