A Request for Reconsideration of a decision of the Human Rights Tribunal of Ontario has been initiated.

You are not required to file a Response to a Request for Reconsideration (Form 21) unless the Tribunal directs you to do so; however, if you wish to file a Response to a Request for Reconsideration it must be served and filed within **14 days** unless the Tribunal directs otherwise.

If the Tribunal directs you to file a response, you must complete a Response to Request for Reconsideration (Form 21) and deliver it and file it as directed by the Tribunal.

Follow these steps to make your response:

1. Fill out this Form 21.
2. Deliver a copy of the Form 21 to all parties, and the Tribunal.
3. If you did not copy all parties when emailing the Form 21 to the Tribunal, complete a Statement of Delivery (Form 23) and file it with the Tribunal.

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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Tribunals Ontario
Human Rights Tribunal of Ontario

Response to a Request for Reconsideration – Rule 26
Form 21
Disponible en français

Application Information

Tribunal File Number:

Name of Applicant:	Name of Each Respondent:

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

First (or Given) Name	Last (or Family) Name	Organization (if applicable)

Street Number	Street Name	Apt/Suite

City/Town	Province	Postal Code	Email

Daytime Phone	Cell Phone	TTY

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? ◯ Mail ◯ Email ◯ Fax
(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. Please provide complete written representations in support of your position with respect to the Request for Reconsideration. Respond to all facts and allegations in the Request for Reconsideration, and provide all material facts you are relying upon.

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3. What is your position on the remedy or relief sought if the Request for Reconsideration is granted?

4. 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:

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.)