Application under Section 34(5) of the *Human Rights Code* – Application on Behalf of Another Person
Form 27

Disponible en français

Who can use this Form?

A person or organization may file an application on behalf of another person under section 34(5) of the *Code*, if the other person:

a. would have been permitted to bring an application on their own behalf under the *Code*; and
b. consents to this Application.

Complete this form if you are making an application on behalf of another person under s. 34(5). **YOU MUST ALSO COMPLETE AND FILE AN APPLICATION (FORM 1) WITH THE TRIBUNAL.** The Form 1 may be filed electronically or by mail, email or fax. The Form 27 may be filed by mail, email or fax at the same time as you file the Form 1 or immediately afterwards.

Fill out Part A if you are an individual bringing this Application on behalf of another person. Fill out Part B if an organization is bringing this Application on behalf of another person. A person with authority to bind the organization should fill out Part B and sign this form.

The Application will not be accepted until the Form 27 is filed with the Tribunal. Do not forget to sign and date the last page of the Form 27.

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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Part A: Your Name and Contact Information (Person)

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

Part B: Your Name and Contact Information (Organization)

Name of Organization

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

Part C: Name and Contact Information of the Person Who is Consenting to having the Application brought on their behalf

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

☐ Check here if you do not want the Tribunal to share this contact information with others.

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Part D: Consent to a Section 34(5) Application

I, _____
(name of person consenting)

consent to _____
(name of person or organization making application on behalf of you)

making an application to the Human Rights Tribunal of Ontario on my behalf.

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

Part E: Signature of Person or Organization bringing the Application

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.

(Check the following statement if you filled out Part B. If you filled out Part A then leave the box blank.)

☐ I declare that I have authority to bind the organization listed in Part B.

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.)