

Completing the Human Rights complaint form

Use these instructions to help you complete each section on the Human Rights Complaint Form. Each section refers to a lettered section on the Complaint Form.

The New Brunswick *Human Rights Act* (the Act) requires that the Commission receives the completed Complaint Form within one year after the alleged incident of discrimination.

ALL pages of your complaint form and supporting documents must be legible to Commission staff. If the complaint form you submit, and/or the supporting documents are not legible by Commission staff, the Commission may decide to either not consider them and/or dismiss your complaint.

Section A

Box 1 Enter your full legal name as it is shown on your birth certificate, driver's license, etc. You may put your preferred name in brackets if it is different than your legal name.

If you are a lawyer filling out the Complaint Form for the Complainant, the name of the Complainant should be in Box 1. The Complainant must sign the Complaint Form, not you.

Box 2 If you have a power of attorney or are a legal guardian, you may make a complaint for that person. If you are filing on behalf of someone else, enter their full name in Box 2 that partly reads: "ONLY complete this box if you are filing ON BEHALF of someone else". Enter the full name of the person you are filing on behalf of and identify whether you are their parent, legal guardian/guardian, or that you have a legal power of attorney over them.

(If you have a power of attorney over the person who you allege was discriminated against, please send in the document with the Complaint Form, but do not attach it to the Complaint Form or refer to it in the Complaint Form)

Whether you are complaining for yourself or on behalf of someone else, you are the complainant.

Box 3

NEVER complete in the “For office use only” boxes.

Section B Enter the respondent’s name in Section B. If there is more than one respondent, please complete the additional respondent boxes.

Make sure that you provide as much information as you can for each respondent, including their full name, their position (if applicable), and their contact information.

It is important to properly identify the name of the business or organization. To find this information, you can look at items like Records of Employment, pay stubs, business cards, letterhead, websites, and telephone books.

If your Complaint is about employment, name only the company or organization. Do not name individual people in this section unless you are employed by an individual or are alleging that individual harassed you on any of the grounds or that they sexually harassed you.

If there are more respondents than boxes, please add an extra page to your Complaint Form with the contact information for the respondent, including their name, their position if applicable, their address and phone number. Ensure that you indicate that this information is part of Section B.

You may want to contact the Commission at by e-mail: hrc.cdp@gnb.ca or by phone **1-888-471-2233** to help identify respondents to your Complaint. However, you will be the one ultimately responsible for identifying the respondent(s).

Section C To complete this section, check (✓) the area(s) in which you believe discrimination took place. For example: employment, services, etc.

Refer to the Introduction to the areas of discrimination guide available on our website.

Section D To complete this section, check (✓) the ground(s) on which you believe discrimination took place. For example, your age, physical disability, etc.

Identify your personal characteristics for each ground that you checked. For example, if you are alleging age discrimination, please fill in what your age is at the time of the discrimination, if you are alleging physical disability discrimination, please identify what your physical disability is, etc.

Refer to the Introduction to the grounds of discrimination guide available on our website.

DO NOT identify your personal characteristics for the grounds that you are NOT alleging discrimination.

Section E a) State when the discrimination started (year, month, day) and briefly describe what happened when it started. For example, "March 2, 2017- I was dismissed"; or "February 4, 2017, I was refused accommodations", etc.

b) If it is not ongoing, state when the discrimination stopped and briefly describe what happened when it stopped (for example, "March 2, 2017, I was dismissed" or you were fired, you quit, etc.).

Section F Answer the question "Are you or were you involved in other proceedings dealing with the same incident(s)/allegations?" by using a check mark (✓).

If the answer is yes, state what kind of proceeding(s) it is or was, for example a union grievance, a court case, etc.).

Section G This is the section that you will tell why you think you were discriminated against.

You can complete this section of your Complaint by answering the questions noted below for each incident of discrimination.

If you decide to add more pages to this section of your Complaint by, please ensure that you number any pages that you add. Ensure that you indicate that this information is part of Section G.

The statements that you give in Section G should support your Complaint under the *Act* and will help the Commission decide if it can accept and proceed with your Complaint. It is important that you clearly describe each incident of discrimination or harassment you are claiming. For the area(s) and ground(s) that you checked in sections C and D, describe how each incident relates to the area(s) and ground(s) you checked.

For each separate incident, identify the date when it happened (year, month, day (if possible)) and:

- 1) State where it happened, when it happened, and who was involved;
- 2) State what happened and how it is connected to the ground(s) and area(s) you checked in Sections C and D;
- 3) State what each respondent did on this date by stating which respondent you are talking about and what that respondent did or said; and
- 4) State how did this negatively impact you.

If you need additional pages or include documentation such as letters, Record of Employment, medical notes, etc., to support your allegations, please remember to number each page you add to your Complaint. As well, all documents must be legible by Commission staff.

Please note that whatever you include in the Complaint Form may be shared with the Respondent(s).

Section H By signing the Complaint Form, you are stating that the information you are providing in the Complaint Form is true, to the best of your knowledge and belief.

Be sure to initial all statements found in Section H which include:

- 1) Acknowledging that you understand that the Commission may send a copy of your Complaint Form to the respondent(s);
- 2) Acknowledging that you understand that the Commission may send any supporting medical documentation and other important

documentation to the respondent(s) during the complaint process;

- 3) Acknowledging that you understand that you need to provide the Commission with any changes to your contact information and to respond to Commission staff when contacted and that a failure to do so may result in your Complaint being closed as having been abandoned; and
- 4) Agreeing that you have read the Completing the Human Rights Complaint Form and if not, that could have an impact if you decide to file new complaint file.

Be sure to check and date at the bottom of Section H in the space provided.

Please send your form to:

hrc.cdp@gnb.ca

or

Human Rights Commission
P.O. Box 6000
Fredericton, NB E3B 5H1

Courier Address:

751 Brunswick Street
Fredericton, NB E3B 1H8

You may contact us at:

E-mail: hrc.cdp@gnb.ca

Telephone: (506) 453-2301

Toll Free: 1-888-471-2233

Fax: (506) 453-2653

Website: www.gnb.ca/hrc-cdp