

## Public Complaint Form For The OHRC

Please complete this form only if you are filing a complaint about the Ontario Human Rights Commission's (OHRC) quality of service or the conduct of its staff or Commissioners.

Please note that the service complaint will only be accepted if this form is signed and dated by the person making the complaint. If the complainant is an organization, a signing officer representing the organization must sign and date the Complaint Form.

**This form is not for complaints under the Ontario *Human Rights Code* (*Code*).** If you believe you have experienced discrimination based on a ground under the *Code*, you can contact the Human Rights Legal Support Centre (HRLSC) for advice:

<https://hrlsc.on.ca>

Tel: (416) 597-4900

Toll Free: 1-866-625-5179

You can also file a claim with the Human Rights Tribunal of Ontario (HRTO):

<https://tribunalsontario.ca/hrto/>

416-326-1312

Toll-free: 1-866-598-0322

[hrto.registrar@ontario.ca](mailto:hrto.registrar@ontario.ca)

### Complainant Contact Information:

Full Name: \_\_\_\_\_

Name of Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Note: Your contact information will be kept confidential. Please tell us if you have any concerns receiving calls or emails from us.

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**Information About Your Complaint:**

1. The complaint is about: (check all that apply)

- Quality of Service of the OHRC
- Conduct of an OHRC staff member or commissioner

If the complaint is about an OHRC staff member or commissioner, please provide their name.

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2. Please describe the complaint in your own words and describe what happened, where and when it occurred and the names of any witnesses.

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3. How would you like to resolve this complaint?

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4. List and attach copies of any supporting documents you think we should know about. Do not send originals.

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**Privacy:**

I understand that:

1. The complaint that I have submitted and all the documents I have provided will be shared with the OHRC individual(s) who is the subject of the complaint to allow them to respond to the complaint, unless the disclosure breaches the confidentiality of neutral third parties in which case the provisions of the *Freedom of Information and Protection of Privacy Act* will need to be addressed; and
2. The OHRC may disclose relevant documents in its possession to the parties.

I agree that documents I receive from the OHRC during the investigation of this complaint will be used only for the purpose of this complaint and that any other use is prohibited.

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**Signature**

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**Date**

Please check this box if you are filing your Application electronically.  
This represents your signature. You must fill out the date, above.

