

## **PRIVATE & CONFIDENTIAL**

## **Human Rights Complaint Form**

(for students/parents/guardians to file a human rights complaint against TDSB staff)

COMPLA	INANT:					
I am a:	☐ Parent	Student	☐ Community Member	☐ Other		
First name	e:		Last name:			
Are you re	eporting on b	ehalf of a student?	□ Yes □ No			
If yes, ple	ase provide t	he student's inform	ation:			
First name	e:		Last name:			
School: _						
CONTAC	T INFORMA	TION (If filing on be	half of student, please include your contac	et information):		
Home/Ce	Il Phone No:		Preferred Email address	S:		
NAME OF	RESPOND	ENT (PERSON (S)	ACCUSED):			
Status of	Respondent(	s):   TDSB Staff	Member □ Student □ Parent □ Con	nmunity Member   Other		
If the resp	ondent is a 1	DSB staff member	or student, please indicate their school/wo	ork location:		
<u>DETAILS</u>	OF COMPL	AINT				
Description	on of Alleged	Harassment/Discrir	nination:			
course of	vexatious co	mment or conduct t	ario Human Rights Code ("Code") and Bo hat is known or ought reasonably to be kn ecause of a Prohibited Ground (see below	own to be unwelcome." The		
	nation under covered by t		have the right to equal treatment and oppo	ortunities, without discrimination in		
		t and not all harassi on the protected gro	ment are covered by the <i>Code</i> . The Code bunds below.	prohibits actions that discriminate		
			n the complaint is based. Please explain be ly indicate that in the description of the			
Prohibite	<b>d grounds</b> u	nder the Ontario H	<u>uman Rights Code</u> and the Board's <u>Huma</u> ı	n Rights Policy:		
		perceived disability ental or physical illnes ddictions)	partnership) □ Place of origin ( □ Race	ncludes same sex where one was born) regnancy, sexual		



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**DESCRIPTION OF INCIDENTS** Please use additional pages if required.

When describing the incident(s) that you believe was harassment or discrimination please include: **What** happened? **Who** was involved? **When** did it happen and time)? **Where** did it happen? Were there any witnesses?

<ul><li>Date:</li><li>Witness(es):</li></ul>	Time:	Location:	
• witness(es):			
Description of I	Incident:		
cident 2:			
Date:	Time:	Location:	
Description of			
cident 3:			
• Date:	Time:	Location:	
<ul> <li>Description of I</li> </ul>	ncident:		



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Has this complaint been reported previous	sly? ☐ Yes		□ No
If Yes, to who was it reported to: $\hfill\Box$ Teacher	☐ Vice-Principal/Principal	☐ Superintendent	☐ Other
What actions were taken?			
If complaint was <b>not</b> reported previously, plea	ase indicate why:		
Have you filed any other complaint regard	ing these incidents (e.g., h	numan rights tribun	al)?
□ Yes □ No			
Please provide details:			
Desired Resolution (What would you like t	o see happen?):		
Would you consider mediation as a form of	or early resolution to your	concerns?	
☐ Yes ☐ No			
Please Explain:			
Complainant's Signature:		Date:	

The information contained in this form is of a highly confidential nature and will be protected in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*.

PLEASE EMAIL THIS FORM TO THE NEXT LEVEL SUPERVISOR THAT IS NOT IMPLICATED IN THE INCIDENTS. As per s6.4 of PR515, student complaints of alleged harassment/discrimination should be reported to the school administration. Student complaints against the administration should be forwarded to the Board's Human Rights Office. The complaint will be addressed through the appropriate school policy or procedure (e.g., Caring and Safe Schools, Parent Concern Protocol). Per the Parent Concern Protocol, the student's classroom teacher is the first point of contact, followed by the school's principal, the school superintendent, and then your Trustee. Complaints by a member of the public against Board staff will be forwarded to the immediate supervisor of the affected area the Respondent was working in at the time of the alleged incident."