

## **PRIVATE & CONFIDENTIAL**

## **Human Rights Complaint Form**

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

COMPLAI	NANT:				
I am a:	□ Parent	☐ Student	☐ Community Me	ember	☐ Other
First name:	:		Last name:		
Are you rep	porting on b	ehalf of a student?	P ☐ Yes ☐ No		
If yes, plea	se provide	the student's inforr	nation:		
First name:			Last nan	ne:	
School:				· · · · · · · · · · · · · · · · · · ·	Grade:
CONTACT	INFORMA	TION (If filing on b	ehalf of student, please incl	ude your contact	information):
Home/Cell	Phone No:		Preferre	d Email address:	
NAME OF	RESPOND	ENT (PERSON (S	) ACCUSED):		
Status of R	: :espondent	(s): ☐ TDSB Staf	f Member □ Student □	Parent □ Comr	munity Member   Other
If the respo	ondent is a	TDSB staff membe	er or student, please indicate	their school/wor	k location:
DETAILS (	OF COMPL	<u>AINT</u>			
Description	of Alleged	Harassment/Discr	imination:		
course of v	exatious co	mment or conduct	ntario <i>Human Rights Code</i> ( that is known or ought reas pecause of a Prohibited Gro	onably to be know	ard's <u>Human Rights Policy</u> : "a wn to be unwelcome." The
	ation under covered by t		e have the right to equal trea	atment and oppor	tunities, without discrimination in
		t and not all haras on the protected g		ode. The Code pr	rohibits actions that discriminate
			ch the complaint is based. P ply indicate that in the des		
Prohibited	l <b>grounds</b> ા	under the Ontario <i>I</i>	H <u>uman Rights Code</u> and the	Board's <u>Human</u>	Rights Policy:
		perceived disabili ental or physical illne ddictions) n	ty Ss or injuries,	Gender Expression Gender Identity Marital status (incompartnership) Place of origin (where the control of the c	eludes same sex here one was born) egnancy, 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?

Date:	Time:	Location:	
Witness(es):			
Description of Incid	lent:		
ent 2:			
Date:	Time:	Location:	
Witness(es):			
Description of Incid	lent:		
ent 3:			
Date:	Time:	Location:	
Witness(es):			
Description of Incid	ent:		



## **PRIVATE & CONFIDENTIAL**

Has this complaint been re	eported	d previous!	y? Yes		No
If Yes, to who was it reported	d to:	Teacher	Vice-Principal/Principal	Superintendent	Other
What actions were taken?					
15	, ,				
If complaint was <b>not</b> reporte	d previ	ously, pleas	se indicate why:		
Have you filed any other c	omplai	nt regardin	na these incidents (e.a., h	uman rights tribuna	)?
	No			g	,-
Please provide details:					
Desired Benefities (Met	would	vou like to	ace hannen?);		
Desired Resolution (What	would	you like to	see nappen?):		
Would you consider media	ation a	s a form of	early resolution to your c	oncerns?	
Yes	Vo				
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."