

PRIVATE & CONFIDENTIAL

Human Rights Complaint Form

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

COMPLAIN	ANT:				
I am a:	Parent	☐ Student	☐ Comm	unity Member	☐ Other
First name:			Last r	name:	
Are you rep	orting on b	ehalf of a student	? □ Yes □	No	
If yes, pleas	se provide	the student's infor	mation:		
First name:				Last name:	
School:					Grade:
CONTACT	INFORMA	TION (If filing on b	pehalf of student, ple	ease include your contact	information):
Home/Cell F	Phone No:			Preferred Email address:	
NAME OF F	RESPOND	ENT (PERSON (S	S) ACCUSED):		
Status of Re	espondent	(s): TDSB State	ff Member Stud	ent □ Parent □ Comi	munity Member Other
If the respor	ndent is a	TDSB staff membe	er or student, please	e indicate their school/wor	k location:
DETAILS O	F COMPL	<u>AINT</u>			
Description	of Alleged	Harassment/Disc	rimination:		
course of ve	exatious co	mment or conduc	t that is known or oเ		ard's <u>Human Rights Policy</u> : "a wn to be unwelcome." The
Discrimina the areas co			e have the right to e	equal treatment and oppor	tunities, without discrimination in
		t and not all haras on the protected g		by the <i>Code</i> . The Code p	rohibits actions that discriminate
				based. Please explain belithe description of the in	ow why you believe so. ncident in the box below.
Prohibited	grounds ເ	ınder the <u>Ontario</u>	Human Rights Code	and the Board's <u>Human</u>	Rights Policy:
		perceived disabil ental or physical illne ddictions) n		 □ Gender Expressio □ Gender Identity □ Marital status (incompartnership) □ Place of origin (work in the properties of the partnership) □ Race □ Sex (including properties of the parassment) □ Sexual orientation □ Socio Economic Sexual 	ludes same sex here one was born) egnancy, sexual



PRIVATE & CONFIDENTIAL

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 not 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			gg	,-
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."