HUMAN RIGHTS COMPLAINTS RESOLUTION

APPENDIX D: Human Rights Complaints/Concerns Form

Reports to the HRO can be done through the Human Rights <u>Complaints Form (Click Here)</u>. It is preferred to fill out the online form using the link. For those who don't want to use the online form, the following form can be filled and emailed to the HRO at <u>humanrights@hwdsb.on.ca</u>.

	Human Rights C	Complaints/Concerns Fo	<u>orm</u>	
First Name	: :			
Last Name:	:			
Pronouns				
Phone Nun	mber:			
Email Addr	ress:			
What is you	ur connection with HWDSB?			
Student	t Parent/Guardian/Careg	giver Employee	Trustee	Volunteer
Represe	entative of a partner organization	Other:		
If you selected	d 'employee' above:			
Please l	list your work location or site and, if	f applicable, your empl	oyee union grou	p:
Are you	u currently on medical/sick leave fro	om your position?		
Yes	No			
	did your concern(s) or the incident(sor department.	s) you are concerned al	bout occur? Plea	se name the

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PROCEDURE FOR POLICY A1.1

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What is the name(s) of the respondent(s)? 'A respondent is a person accused or the person of concern.						
Status of the responden	nt(s) at HWDSB:					
Student	Employee	Other:				
Please provide the nam witnesses):	es of other individuals v	vho have knowledge of thi	s matter (for example –			
			s matter (for example –			
witnesses):			s matter (for example – Color			
witnesses): Choose the human right	ts code ground(s) that a	pplies to your concern.				
witnesses): Choose the human right Age	ts code ground(s) that ap	pplies to your concern. Citizenship Ethnic	Color			

Describe your concern (What happened? Who was involved? When did it happen? Where did it happen?)

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Have you reported your concern to the school principal/superintendent/supervisor/manager/other authority before?				
Yes	No			
If you reported your concern	, to whom was it reported, and what were the actions taken?			
What is the solution/resolution	on you are looking for?			
Do you require the suppor	t of an interpreter while meeting with the Human Rights Office? If so, in which langauge?			
No Yes	3			
Complainant's Signature				

• Submit the copy of the form you filled out to humanrights@hwdsb.on.ca

• Printed copy can be mailed to the HWDSB Human Rights Office, P.O.Box 2558, Hamilton, ON L8N 3L1

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