

Human Rights Complaint Form

The Human Rights Intake Process is designed to provide members with an opportunity to identify an instance (or instances) where they believe that their human rights, as recognized in the Ontario's Human Rights Code, have been violated.

Please complete the complaint form, providing as much detail as possible. The following fillable form provides an avenue for you to report the who, what where, when, and how of the incident(s), in addition to how you have been affected and the remedy/solution you are seeking. A Provincial Staff Officer assigned to the unit will review the complaint and will contact you within two business days to review the matter and discuss next steps.

Chapter

***1. Are you filling out this form as an OECTA Member or as a Local Unit Release officer?(*Required)**

	Choice
<input type="radio"/>	As an OECTA Member
<input type="radio"/>	As a Local Unit Release Officer

OECTA Member Information

Fill out your information below to continue.

*First Name	<input type="text"/>
*Last Name	<input type="text"/>
*Email Address	<input type="text"/>

All fields with an asterisk () are required.*

***2. OECTA Membership Number(*Required)**

***3. Ontario College of Teachers Number(*Required)**

***4. Date of Incident(*Required)**

5. Indicate which protected ground(s) best match the basis of your complaint.

	Choice
<input type="checkbox"/>	Age
<input type="checkbox"/>	Race, Colour, Ethnicity (includes racism, racial harassment)
<input type="checkbox"/>	Creed (religion or spirituality)
<input type="checkbox"/>	Gender, Gender Identity, Sex, Gender Expression (includes sexism, sexual harassment, transphobia)
<input type="checkbox"/>	Sexual Orientation (includes homophobia)
<input type="checkbox"/>	Disability (physical and / or mental)
<input type="checkbox"/>	Ancestry (Includes First Nations, Métis and Inuit)
<input type="checkbox"/>	Place Of Origin, Citizenship (includes xenophobia)
<input type="checkbox"/>	Marital Status (single, divorced, separated)
<input type="checkbox"/>	Family Status (dependent children, elders)

6. Steps Taken by Member (check all that apply)

	Choice
<input type="checkbox"/>	Informed school Association representative
<input type="checkbox"/>	Informed school health and safety representative
<input type="checkbox"/>	Informed the local unit president/release officer
<input type="checkbox"/>	Informed school administration (vice-principal, principal etc.)
<input type="checkbox"/>	Complaint filed in accordance with school board policy

Incident Details

7. Date incident(s) happened.

8. Where did the incident(s) happen?

9. Who was involved (name and title/role)?

10. What happened?

11. How were you treated differently from others (if at all)?

12. How do the incident(s) relate to the ground(s) you selected?

13. Remedy/resolutions you are seeking.

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