# Human Rights Complaint Form

**Chapter**

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

| | Choice |
|---|---|
| ○ | As an OECTA Member |
| ○ | As a Local Unit Release Officer |

| **OECTA Member Information** | |
|---|---|
| Fill out your information below to continue. | |
| ***First Name** | |
| ***Last Name** | |
| ***Email Address** | |
| *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 |
|---|---|
| ☐ | Age |
| ☐ | Race, Colour, Ethnicity (includes racism, racial harassment) |
| ☐ | Creed (religion or spirituality) |
| ☐ | Gender, Gender Identity, Sex, Gender Expression (includes sexism, sexual harassment, transphobia) |
| ☐ | Sexual Orientation (includes homophobia) |
| ☐ | Disability (physical and / or mental) |
| ☐ | Ancestry (Includes First Nations, Métis and Inuit) |
| ☐ | Place Of Origin, Citizenship (includes xenophobia) |
| ☐ | Marital Status (single, divorced, separated) |
| ☐ | Family Status (dependent children, elders) |

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

| | Choice |
|---|---|
| ☐ | Informed school Association representative |
| ☐ | Informed school health and safety representative |
| ☐ | Informed the local unit president/release officer |
| ☐ | Informed school administration (vice-principal, principal etc.) |
| ☐ | 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. What remedy/resolutions are you seeking?**