

**Complainants: complete this form within 60 days of receiving the Response to your complaint from the Respondent.**

## GENERAL INSTRUCTIONS

- Review the completed Response Form and additional pages.
- Follow the instructions for each PART of this Reply Form.
- If any PART of this form does not apply to the situation, write “N/A”.
- You can attach up to a maximum of 20 additional pages to the completed Reply Form plus the documents requested in Part 4.
- Email us your Reply Form, and additional pages by attaching a saved copy and sending it to: [complaint.plainte@chrc-ccdp.gc.ca](mailto:complaint.plainte@chrc-ccdp.gc.ca)
- Email the Respondent your Reply Form and additional pages by attaching a saved copy and sending it to the email address included in Part 3 of their Response to your complaint. **Do not send any witness information to the Respondent.**
- Keep a copy of your completed Reply Form and all supporting documents.
- If you need this form in an alternative format, please email us at: [complaint.plainte@chrc-ccdp.gc.ca](mailto:complaint.plainte@chrc-ccdp.gc.ca) or call us toll-free at: 1-888-214-1090.
- Refer to the [Frequently Asked Questions](#) for more information.

## PART 1: COMPLAINT INFORMATION

**NAME OF COMPLAINANT** as it is written on the Complaint Form:

**COMPLAINT FILE NUMBER:**

**NAME OF RESPONDENT** as it is written on the Response Form.

## PART 2: INFORMATION ABOUT THE PERSON COMPLETING THIS FORM

Who are you?

I am the Complainant. If you are the Complainant, do not provide your contact information below. Please go to Part 3.

I am the Complainant's Representative. If you are the Complainant's Representative, please provide your information below.

Name:

What pronouns do you use (ex. he, her, they, etc.)?

Address:

City:

Province or Territory:

Country:

Postal Code:

Primary Phone Number:

Alternate Phone Number:

Email:

You must have the authority to file this Reply on behalf of the Complainant. Explain your authority to act for them:

## PART 3: REPLY TO THE PRELIMINARY ISSUES(S)

Refer to Part 4 of the Response to your complaint. Complete this section if the Respondent raised a preliminary issue(s) in Part 4 of their Response. If the Response did not list any preliminary issue(s), please go to Part 5.

Read the applicable section(s) of the [Preliminary Issue\(s\) Information Sheet](#) that corresponds to the issue(s) raised by the Respondent and answer all of the questions. The sheet explains what information the Commission needs to make a decision.

As part of your Reply (maximum of 20 pages total), answer the questions under the heading "Part 3."

## **PART 4: LIST OF DOCUMENTS - PRELIMINARY ISSUE(S)**

If no preliminary issues apply, go to the next part.

List all the documents you have that support your reply to the preliminary issue(s). Provide a short description of each document, including what preliminary issue it relates to and why it is important.

**Important:** Attach copies of these documents when you submit your Reply. These documents are not included in the 20-page limit.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

**If you need more space to list your documents, please include an additional page as part of your Reply.**

## **PART 5: YOUR REPLY TO NEW INFORMATION**

Complete this section if the Respondent provided new information in Part 6 of their Response to your complaint. **Do not repeat information that you included in your Complaint Form.**

As part of your 20 pages (maximum), under the heading “Part 5”, answer the following questions about each new issue:

1. What is the new issue raised in Part 6 of the Response?
2. How is the new issue important to your complaint?
3. Why do you disagree with the Respondent’s information about this issue?

Important: Do not include witness contact information. Send witness contact information to the Commission only by completing the [Witness Identification Form](#). Witness Identification Forms do not count as part of the 20-page limit.

## **PART 6: LIST OF DOCUMENTS RELATED TO YOUR COMPLAINT**

List all the documents you have that support the information in your complaint. Provide a short description of each document, including what facts it supports.

**Important:** Keep all of the documents you list. The Commission may ask you for copies of these documents at a later stage in the process.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

**If you need more space to list your documents, please include an additional page as part of your Reply. The list of documents does not count as part of the 20-page limit.**

## **PART 7: REMEDIES YOU ARE SEEKING**

Remedies are actions or measures that are meant to fix the situation you complained about. Remedies are not meant to punish the Respondent.

Please check all the remedies that you are asking for:

Agreement to end the discrimination, for example by changing a policy or practice

Provide you the opportunity that was being denied (example: promotion)

Steps or programs to address the discrimination (examples: training, policy)

Payment for pain and suffering

Payment for willful or reckless behaviour

Payment for lost wages

Payment for other expenses related to the discrimination

Something specific (examples: job back, ramp installed), please list:

## **PART 8: DECLARATION AND SIGNATURE**

If you are filing your Response electronically, clicking the box in this section represents your legal signature.

**I declare that to the best of my knowledge, all of the information I have provided with this Response is truthful, complete and accurate.**

Check this box to represent your signature if you are submitting this form electronically.

Signature of the Complainant or  
Authorized signature for the Complainant

Date (DD/MM/YYYY)

Print Name