



PEI Human Rights
Commission

Complaint Form and Guide

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53 Water Street
Charlottetown PE C1A 7N8
Tel: 902 368 4180
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www.peihumanrights.ca

Please note that the office is a scent-free space.



PEI Human Rights Commission

Complaint Form Guide

This guide provides information that will help you to complete the PEI Human Rights Commission Complaint Form. *Each lettered section corresponds with a section on the Complaint Form.*

If you need help completing this form, please contact the PEI Human Rights Commission. There is no cost to file a complaint and you do not need a lawyer. However, you may consult with a lawyer or hire a lawyer to represent you at your own expense. **Please note** that the Commission's role is not to advocate for either the Complainant or the Respondent, but rather to investigate and attempt to settle complaints of discrimination in an unbiased manner.

A Anyone, except the Commission or an employee of the Commission, who believes they have been discriminated against under the PEI *Human Rights Act* may make a complaint to the Commission. The *Act* also allows for an individual to make a complaint on behalf of another person, if that person consents. The person filing the complaint is called the **Complainant**.

B When making a human rights complaint, you must name a respondent or respondents if there is more than one. The **Respondent** is the party that you believe discriminated against you. Usually the Respondent is a business, organization or association rather than an individual. For example, if a co-worker or manager sexually harassed you, the proper Respondent would be your employer. In some cases, the Respondent may be an individual, such as an individual who owns an apartment building.

Try to provide the corporate name of the business, organization or association. To locate this information, you may refer to records of employment, pay stubs, business cards, letterhead, telephone book or the Corporate/Business Names Registry at www.gov.pe.ca/corporations/index.php.

C In order for your complaint to be covered by the PEI *Human Rights Act*, the discrimination must have occurred in one of the areas listed on the form. In most cases, only one area is applicable. Check (✓) all the areas that you believe apply to your complaint.

Here are some examples of activities for each area covered:

- **Accommodations:** staying at a hotel, motel, inn or bed and breakfast, or renting a campsite or an apartment.
- **Employment:** applying for a job, working on the job, being paid, being dismissed from a job or attending work-related social activities.
- **Lease or Sale of Property:** renting land or buying/selling a home.
- **Membership in Professional, Business or Trade Associations and Employee Organizations:** participating in any of these groups including unions.
- **Publications, Broadcasts, Public Displays, and Advertisements:** posting hate symbols in public places, broadcasting hate propaganda or printing discriminatory ads.
- **Services and Facilities Available to the Public:** using public transportation, dining at a restaurant, attending school or accessing a provincial government service.
- **Volunteer Work:** applying to volunteer, volunteering, or being asked to step down from a volunteer position.

D In order for your complaint to be covered by the PEI *Human Rights Act*, the discrimination must also be based on one of the characteristics or *grounds* listed on the form. In some cases, you may feel that you were discriminated against on more than one

ground. Check (✓) all the grounds that you believe apply to your complaint.

Below is a brief explanation of each ground. For more details on each ground, refer to *They're Your Rights to Know: A Guide to the Human Rights Act* which is available at the Commission or on our website. You can also contact the Commission for more information.

- **Age:** There is no upper or lower limit for protection on the basis of age, although there are some exceptions in certain situations.
- **Association:** Refers to discrimination based on an association with an individual or group that identifies with one of the other grounds, such as race, religion, etc. **If you check this ground, you must check another ground or other grounds.** The *Act* does not cover a difference in treatment based solely on a personality conflict or long held dispute between two people.
- **Colour, Race and Ethnic or National Origin:** Race usually refers to physical characteristics of a group of people. The colour of a person's skin may be one of those characteristics. Ethnic or national origin refers to a common ancestry that is often characterized by a common language, culture and country of origin. Provincial or territorial origin is not protected.
- **Creed or Religion:** Refers to a shared belief system or faith but may not cover personal, moral, ethical or political views.
- **Criminal Conviction:** This ground is only covered under the area of employment. The conviction does not have to be pardoned to be protected but it should be unrelated to the duties of the job.
- **Disability:** Includes previous or existing disability, infirmity, malformation or disfigurement, whether of a physical, mental or intellectual nature, that is caused by injury, birth defect or illness. Alcohol and drug addiction are also considered disabilities. Common, temporary illnesses such as cold or flu are generally not covered. If a temporary condition, such as pain, recurs as a part of an ongoing medical condition, it may be considered a disability.
- **Gender Expression:** Refers to external attributes such as behaviours, mannerisms, appearance and/or dress by which people express themselves and through which others perceive that person's gender. A person's gender expression may or may not be consistent with socially prescribed gender roles, and may or may not reflect the person's gender identity.
- **Gender Identity:** Refers to an individual's deeply felt internal and individual experience of gender which may or may not correspond with the sex that the individual was assigned at birth.
- **Family Status:** Refers to the status of being in a parent and child relationship.
- **Marital Status:** Refers to the status of being married, single, widowed, divorced, separated, or living with a person in a conjugal relationship outside marriage.
- **Political Belief:** Refers to a belief in a political party registered under Section 24 of the *PEI Election Act*. **If you check this ground, you must attach to the Complaint Form evidence of your affiliation or support for a political party**, such as membership card, financial contribution receipts, pay statements, thank you or congratulatory letters or list of positions held within party association.
- **Sex or Gender (including Pregnancy and Sexual Harassment):** This ground refers to a person's biological sex, as well as gender. Gender is a broader term that includes the social characteristics associated with each sex. The *Act* protects against discrimination based on society's expectations of how women or men "should" dress, behave or act. Pregnancy includes the pre and post delivery period, pregnancy related illness, as well as the possibility of becoming pregnant. Sexual harassment is any unwanted conduct, comment, gesture or contact of a sexual nature that is reasonably known to cause offence.
- **Sexual Orientation:** This ground protects all types of sexual orientations, including homosexuality, bisexuality and heterosexuality.
- **Source of Income:** Refers to the source or how you obtain your income and usually applies to

people receiving income from sources other than employment, such as social assistance benefits, Canada Pension or Employment Insurance.

- **Having Filed a Complaint or Given Evidence/Assistance under the PEI *Human Rights Act*:** This ground offers protection to individuals who have filed complaints, given evidence or assisted anyone else in making a complaint to the PEI Human Rights Commission.

E Complaints must be filed within one year after the alleged discrimination occurred.

F In your own words, provide a description of the incident(s) of the alleged discrimination. Try to provide dates, places, and the full names of persons involved. Some information you may want to include are:

- What was done or said to you to make you believe you were discriminated against?
- How does this difference in treatment relate to the ground(s) of discrimination you have listed?
- Who treated you differently?
- Where and when did the discrimination take place?
- Have you taken any other action(s) regarding your situation?

You may also attach any documents such as employment records, medical records or letters that are relevant to your complaint. A copy of these documents will be forwarded to the Respondent along with your complaint.

G Some examples of what you may want to seek as a settlement of your complaint are:

- a letter of apology
- a letter of reference
- an education session to the Respondent(s) by a Commission staff member
- an undertaking that the Respondent will not discriminate in the manner complained of in the future
- monetary compensation for injury to dignity and hurt feelings

- monetary compensation for lost wages
- monetary compensation for expenses incurred due to the discrimination
- reinstatement to the same or a comparable employment position
- provision of the service or accommodation that was denied

Be sure to sign and date the complaint form.

Please return your original complaint form to the address below. If you need to fax your complaint to meet the one year time limitation, you will also need to send your original complaint form by mail or submit it in person.

Contact us if you require any information or assistance in completing this form.

PEI Human Rights Commission

53 Water Street, PO Box 2000

Charlottetown PE C1A 7N8

Tel: (902) 368-4180

Toll Free: 1-800-237-5031 (PEI only)

Fax: (902) 368-4236

Email: lbuell@peihumanrights.ca

Website: www.peihumanrights.ca

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PEI Human Rights Commission Complaint Form

For Office Use Only Date Received

Send your original signed form to the PEI Human Rights Commission. Refer to the *Complaint Form Guide* or contact the Commission if you require assistance in completing this form. **Please note that our office is a scent-free space.**

A The Complainant: Who is making the complaint?

Name

B The Respondent(s): Who is the complaint against?

Name of business, organization, association or individual		
Mailing Address		
Town/City	Prov/Terr	Postal Code
Telephone # (area code)		

Name of business, organization, association or individual		
Mailing Address		
Town/City	Prov/Terr	Postal Code
Telephone # (area code)		

C In what area(s) did the alleged discrimination occur? Check (✓) only those areas that apply.

<input type="checkbox"/> Accommodations	<input type="checkbox"/> Publications, Broadcast, Public Displays and Advertisements
<input type="checkbox"/> Employment	<input type="checkbox"/> Services and Facilities Available to the Public
<input type="checkbox"/> Lease or Sale of Property	<input type="checkbox"/> Volunteer Work
<input type="checkbox"/> Membership in Employee or Professional Organizations	

D On what ground(s) did the alleged discrimination occur? Check (✓) only those grounds that apply.

<input type="checkbox"/> Age	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Gender Expression
<input type="checkbox"/> Association [another ground(s) required]	<input type="checkbox"/> Marital Status	
<input type="checkbox"/> Colour, Race and Ethnic or National Origin	<input type="checkbox"/> Political belief [proof of political affiliation required]	
<input type="checkbox"/> Creed or Religion	<input type="checkbox"/> Sex or Gender	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Criminal Conviction [in employment only]	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Disability	<input type="checkbox"/> Source of Income	
<input type="checkbox"/> Family Status	<input type="checkbox"/> Having Laid a Complaint or Given Evidence/ Assistance under the PEI <i>Human Rights Act</i>	

E On what date(s) did the alleged discrimination occur?

Date or Period

F Details of the Complaint:

If you need more space or would prefer to type the details of your complaint, attach additional pages. You may include copies of any documentation which may be relevant to the issues of this complaint.

Be sure to sign and date this form and any additional pages you attach.

A copy of this complaint will be sent to the Respondent. Any information you provide to any Commission employee may be forwarded to the Respondent or other parties to the complaint and any person named in your complaint may be contacted.

F Details of the Complaint: (continued)

If you require more space, you may attach additional pages.

Be sure to sign and date this form and any additional pages.

G How do you feel your complaint could best be resolved?

If you need more space or would prefer to type the information, attach additional pages.

Be sure to sign and date this form and any additional pages.

I declare the information provided in this complaint is true to the best of my knowledge. I understand that a copy of this complaint and any additional attachments I have included will be sent to the Respondent.

✕ _____	_____
Signature of Complainant	Date (Day/Month/Year)

Complainant's Contact Information

The information collected in this section is for the purpose of contacting you during the course of this complaint only. This information will not be forwarded to the Respondent(s). Should you have any concerns regarding the release of your contact information, please advise the Commission.

If any of this information changes or if you hire a lawyer, please contact the Commission with your new information as soon as possible. If the Commission is unable to reach you after several attempts and some time has lapsed, the complaint will be considered withdrawn.

Complainant:

Name				
Mailing Address				
Town/City		Prov/Terr		Postal Code
Home Telephone # (area code)	Cell Phone # (area code)	Work Telephone # (area code)	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address				

If this is a complaint made on behalf of another person, please provide their contact information below.

Person on whose behalf you are filing:

Name of Complainant				
Mailing Address				
Town/City		Prov/Terr		Postal Code
Home Telephone # (area code)	Cell Phone # (area code)	Work Telephone # (area code)	May we contact him/her at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address				