



PEI Human Rights Commission Respondent's Response Form

For Office Use Only
Date Received

The purpose of this Response form is to help you provide relevant information to the PEI Human Rights Commission. The attached complaint specifies the allegations and gives a summary of the information on which the complaint is based. Your response to the issues identified in the complaint will assist the Commission staff to complete their investigation as quickly as possible. If you require assistance completing your response, please contact the Commission.

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

A Full Legal Name of Respondent (Business, Association, Organization or Individual):

Name

B Type of Establishment:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
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C Chief Executive Officer and/or Owner(s):

Name	Title
Name	Title
Name	Title

D Response to Allegations:

Provide a detailed response to the allegations set out in the enclosed complaint. The information provided should be specific with respect to dates, places and persons involved. Indicate if any items in the complaint are, according to you, incorrect or incomplete.

If you need more space or would prefer to type the details of your response, 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.

D Response to Allegations: (continued)

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

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

E Suggestions for Resolution:

Please suggest how, in your opinion, this matter might 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 response is true to the best of my knowledge. I understand that a copy of this response and any additional attachments I have included will be sent to the Complainant.

x _____
Signature of Respondent

Title

Date (Day/Month/Year)

Respondent'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 Complainant. Should you have any concerns regarding the release of your contact information, please advise the Commission.

If any of this information changes, please contact the Commission with your new information as soon as possible.

Company Official or Agent with whom we should deal:

Name of individual		Title
Name of business, organization, association		
Mailing Address		
Town/City	Prov/Terr	Postal Code
Telephone # (area code)	Cell Phone # (area code)	Fax # (area code)
Email Address		