

Toronto Community
Housing Corporation
931 Yonge Street
Toronto, Ontario
M4W 2H2



Legal Services
Tel: (416) 981-5500
Fax: (416) 981-4294
torontohousing.ca

[FORM 1] TENANT HUMAN RIGHTS COMPLAINT

Please refer to **Section 3** of this form and/or the [Interim Tenant Human Rights Complaint Procedure Tenant Guide \(PDF\)](#).

Section 1: Your information	
First name: Last name:	Address:
Telephone number:	Is it okay for Toronto Community Housing (TCHC) to leave a voicemail at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:	Do you prefer to be contacted by: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Other (please specify: _____)
Do you require the assistance of an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____	

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If you would like TCHC to communicate with another person regarding this complaint (*ex. legal worker, social worker, doctor, etc.*), please indicate their name and contact information below. Please also sign the consent to share information section, also below.

Name of individual: _____

Relationship to me: _____

Telephone number: _____

Email address: _____

CONSENT:

I give my consent for TCHC to contact and share information about me and this complaint with the person named above for the purposes of investigating and resolving this complaint.*

Your signature: _____ Date: _____

**Note that TCHC will only share information that is relevant to this complaint. If at any time you want to withdraw this consent, please send an email to the TCHC human rights email address, listed in section 3 of this form.*

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Section 2: Details of your complaint			
<p>Were any TCHC staff members involved?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list their names:</p>	<p>Please indicate under which <i>Human Rights Code</i> ground you feel you were discriminated against/TCHC failed to accommodate you:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Citizenship, race <input type="checkbox"/> Place of origin <input type="checkbox"/> Ethnic origin <input type="checkbox"/> Colour <input type="checkbox"/> Ancestry <input type="checkbox"/> Disability <input type="checkbox"/> Age </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Creed <input type="checkbox"/> Sex, pregnancy <input type="checkbox"/> Family status <input type="checkbox"/> Marital status <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Gender identity <input type="checkbox"/> Gender expression <input type="checkbox"/> Receipt of public assistance </td> </tr> </table>	<input type="checkbox"/> Citizenship, race <input type="checkbox"/> Place of origin <input type="checkbox"/> Ethnic origin <input type="checkbox"/> Colour <input type="checkbox"/> Ancestry <input type="checkbox"/> Disability <input type="checkbox"/> Age	<input type="checkbox"/> Creed <input type="checkbox"/> Sex, pregnancy <input type="checkbox"/> Family status <input type="checkbox"/> Marital status <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Gender identity <input type="checkbox"/> Gender expression <input type="checkbox"/> Receipt of public assistance
<input type="checkbox"/> Citizenship, race <input type="checkbox"/> Place of origin <input type="checkbox"/> Ethnic origin <input type="checkbox"/> Colour <input type="checkbox"/> Ancestry <input type="checkbox"/> Disability <input type="checkbox"/> Age	<input type="checkbox"/> Creed <input type="checkbox"/> Sex, pregnancy <input type="checkbox"/> Family status <input type="checkbox"/> Marital status <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Gender identity <input type="checkbox"/> Gender expression <input type="checkbox"/> Receipt of public assistance		
<p>Have you raised this issue with TCHC before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please give details. When did you raise this issue? How? With whom?</p>		
<p>TCHC’s Centre for Advancing the Interests of Black People is responsible for implementing the organization’s Confronting Anti-Black Racism Strategy (PDF). The Centre is a resource for staff and tenants to help them understand and address the impacts of anti-Black racism at TCHC.</p> <p>If there are potential anti-Black racism elements to your Complaint, TCHC may consult with the Centre about your complaint. We may do this in order to identify any issues related to anti-Black racism, unless you indicate that you do not wish for the Centre to be involved. If you do not</p>			

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want staff investigating your complaint to consult with the Centre, please indicate this below.

I do not wish for TCHC staff investigating my complaint to consult with TCHC's Centre for Advancing the Interests of Black People.

DETAILS OF EVENT(S):

Please describe what happened. Include as many details as possible (*what happened, when it happened, on what dates and at which times, who was involved, etc.*). If you need more space, you can attach additional sheets of paper to this complaint form.

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Are there **any other details** you think are important to your complaint? If yes, please include them below.

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Section 3: Instructions for submission

Once you have completed this form, please submit it to the TCHC Human Rights Division by taking it to your Tenant Service Hub.

If you do not know where your Tenant Service Hub is, please contact the Client Care Centre at **416-981-5500** or help@torontohousing.ca.

Assistance completing form:

If you have any questions or need assistance filling out this form, please contact your Tenant Services Coordinator or Supervisor, Tenancy Management.

More information about TCHC's Human Rights Complaint policy and procedure can be found at torontohousing.ca/human-rights.

Section 4: For office use only

Date complaint received:

Day	Month	Year

Received by (name):

HOMES Reference No.: