

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



Legal Services  
Tel: **416-981-5500** (TRS 7-1-1)  
Fax: **416-981-4294**  
[torontohousing.ca](http://torontohousing.ca)

## Tenant Human Rights Complaint Form

Use this form to submit a Tenant Human Rights Complaint. Please refer to **Section 3** of this form and/or the Tenant Human Rights Complaint Procedure Tenant Guide found at [torontohousing.ca/human-rights/complaint](http://torontohousing.ca/human-rights/complaint) for instructions on how to submit your complaint.

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: _____

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Do you require the assistance of an interpreter?

Yes       No

If yes, please specify the language: \_\_\_\_\_

To address your human rights complaint, we need your consent to disclose your personal information and to discuss your allegations and response to the allegations with third parties.

I, \_\_\_\_\_ freely give my consent to the staff, representative and/or agent of Toronto Community Housing (TCHC) to discuss and disclose the following information about me:

- Details of my complaint and allegations
- Remedy I am seeking
- Details of my response and counter allegations
- Other. Please specify: \_\_\_\_\_

with / to the following individual(s):

Name of individual: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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**Consent:**

I understand that the information will be discussed with and disclosed to the above-mentioned individual for the purpose of investigating and responding to my complaint. \*

This consent will be valid for a period of one year from the date of signature below. I understand that I may withdraw my consent at any time by giving written notice to Toronto Community Housing.

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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<b>Section 2: Details of your complaint</b>			
<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 or harassed 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  <input type="checkbox"/> Race (specify: _____)  <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 <input type="checkbox"/> Race (specify: _____) <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 <input type="checkbox"/> Race (specify: _____) <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>		

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TCHC's [Centre for Advancing the Interests of Black People](http://torontohousing.ca/cabr) ([torontohousing.ca/cabr](http://torontohousing.ca/cabr)) is responsible for implementing the organization's Confronting Anti-Black Racism Strategy. The Centre is a resource for staff and tenants to help them understand and address the impacts of anti-Black racism at TCHC.

If there are potential anti-Black racism elements to your complaint, TCHC will consult with the Centre about your complaint unless you indicate that you do not wish for the Centre to be involved. We do this to identify and investigate any issues related to anti-Black racism. If you do not 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 in one of the following ways:

**By email:** [HumanRights@torontohousing.ca](mailto:HumanRights@torontohousing.ca)

**In person:**

You may submit this form 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** (TRS 7-1-1) or [help@torontohousing.ca](mailto: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/complaint](http://torontohousing.ca/human-rights/complaint).

Privacy notice – The personal information requested on this form is collected under the authority of the *Housing Services Act 2001*, the *Residential Tenancies Act 2006* and s. 28(2) of the *Municipal Freedom of Information and Protection of Privacy Act*. The information will be used and disclosed for the purpose of investigating your human rights complaint. If you have any questions about the collection of this information, please contact Toronto Community Housing's Information Specialist at 931 Yonge Street, Toronto, ON, M4W 2H2, or **416-981-5500** (TRS 7-1-1).

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#### Section 4: For office use only

Date complaint received:

Day	Month	Year

Received by (name):

HoMES Reference No.: