



PEI Human Rights Commission

Complaint Form and Guide

PO Box 2000
53 Water Street
Charlottetown PE
C1A 7N8
Tel: 902 368 4180
Toll Free: 1 800 237 5031
Fax: 902 368 4236
www.peihumanrights.ca

Complaint Form Guide

This guide provides information that will help you to complete the PEI Human Rights Commission Complaint Form. *Each lettered section refers to a corresponding lettered section on the Complaint Form.* If you need assistance completing this form, please contact the PEI Human Rights Commission. There is no cost to file a complaint and you do not require 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 someone else, such as a parent on behalf of a child. The person filing the complaint, even if on behalf of someone else, 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 a complaint against 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. 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 :** This ground refers to discrimination based on an association that you have 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 :** This ground 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.
- **Family Status :** This ground refers to the status of being related by blood or adoption.
- **Marital Status :** This ground refers to the status of being married, single, widowed, divorced, separated, or living with a person of the opposite sex in a conjugal relationship. This definition is under review due to Bill C-38. As the *Act*

currently stands, same sex partners who believe they

have been discriminated against as a couple would file under the ground of sexual orientation.

- **Physical and Mental Disability :** These grounds include previous or existing conditions that may result from injury, illness or birth defect. Some examples of physical disabilities include blindness, amputated limbs, back injuries, epilepsy and cancer. Examples of mental disabilities include developmental disorders, emotional or mental illness, and learning disabilities. 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.
- **Political Belief :** This ground refers to a belief in a political party registered under Section 24 of the PEI *Election Act*. You must show evidence of a membership or contribution to, or open and active participation in a registered political party. In addition to this complaint form, you must file a political belief attachment form available at the Commission office or on our website.
- **Sex or Gender (including Pregnancy and 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, and includes protection for people who are transgendered and transsexual. 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 offense.
- **Sexual Orientation :** This ground refers to the sex(es) that you find physically or sexually attractive, and offers protection whether you are homosexual, bisexual or heterosexual.
- **Source of Income :** This ground refers to where

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 when writing the details of your complaint 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 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: peihr@isn.net

Website: www.peihumanrights.ca





PEI Human Rights Commission Complaint Form

<p>For Office Use Only Date Received</p>

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.

A Who is the making the complaint? [the Complainant]

Name

B Who is the complaint against? [the Respondent(s)]

Name of business, organization, association or individual			Name of business, organization, association or individual		
Mailing Address			Mailing Address		
Town/City	Prov/Terr	Postal Code	Town/City	Prov/Terr	Postal Code
Telephone # (area 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, Broadcasts, 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"/> Physical or Mental Disability
<input type="checkbox"/> Association [requires another ground(s)]	<input type="checkbox"/> Political Belief [additional form required]
<input type="checkbox"/> Colour, Race and Ethnic or National Origin	<input type="checkbox"/> Sex or Gender [including: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Harassment]
<input type="checkbox"/> Creed or Religion	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Criminal Conviction [in Employment only]	<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>
<input type="checkbox"/> Marital Status	

Contact Information

DETACH THIS SHEET AND FORWARD WITH YOUR COMPLAINT FORM.

The personal information collected in this section of the human rights complaint form is for the purpose of contacting you during the proceedings of your human rights complaint only. Should you have any concerns regarding the release of your contact information, please advise the Commission when filing your complaint.

Name of Complainant		
Mailing Address		
Town or City	Province/Territory	Postal Code
Home Telephone # (area code) ()	Work Telephone # (area code) ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No

If any of this personal contact information changes during the proceedings of your complaint, 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.

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

Name of Complainant		
Mailing Address		
Town or City	Province/Territory	Postal Code
Home Telephone # (area code) ()	Work Telephone # (area code) ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No

For Office Use Only: Intake Assessment

Area (s)	Ground (s)
No Jurisdiction <input type="checkbox"/>	File Number
Officer	Date