Canadian Human Rights Tribunal

Tribunal canadien des droits de la personne

Form PEA-1 – Application for appeal

Please fill out and sign this form if you want to appeal a decision or order issued by the Pay Equity Commissioner. Refer to the Important Information section (below) and the Canadian Human Rights Tribunal Rules Respecting Pay Equity when completing this form. Please follow the instructions carefully and provide detailed information where requested.

Part I: Decision being appealed

A. Number identifying the Pay Equity Commissioner's decision

Find the number the Pay Equity Commissioner assigned to the decision you are appealing on the letter of decision or order you received.

Number:

Date of the order or decision:

I am attaching a copy of the Pay Equity Commissioner's decision or order

Yes No

Part II: Representation and contact information

- Provide the contact information for each party below. All parties named in the Pay Equity Commissioner's decision must be included.
- If a party is an organization, provide the name of the organization and the name and contact information of an individual who will be able to respond on behalf of that organization.

A. Appellant

If more than one person is appealing, attach additional pages clearly identifying the relevant sections of this form.

Appellant's name:

Type: organization or individual

B. Representation

Do you have legal or other representation? Yes No

Who will communicate with the Tribunal about this appeal?

Select only one option:

Appellant Lawyer for the appellant ☐Non-lawyer representative

Specify:

C. Contact information

If you are representing yourself at the Tribunal, please provide your contact information:

Name:

Address:

Phone number:

Email address:

Representative contact information:

If you will be represented at the Tribunal by a lawyer or a non-lawyer representative, please provide the lawyer's or the representative's contact information:

Name of lawyer or representative (First name, Last name):

Name of organization (ex: Law firm):

Business address:

Phone number:

Email address:

D. Respondent

- Please identify the other parties to the proceeding before the Pay Equity Commissioner on this appeal.
- If there is more than one respondent, attach additional pages clearly identifying the relevant sections of this form.

Type: organization individual

Respondent's name:

E. Respondent's contact information

If the Respondent is self-represented, please provide the Respondent's contact information:

Name:

Address:

Phone number:

Email address:

Respondent's representation:

If the Respondent is represented by a lawyer or non-lawyer representative, please provide the lawyer's or representative's contact information:

Name of legal counsel or representative:

Business address:

Phone number:

Email address:

Part III: Grounds for appeal and relief sought

A. Grounds for appeal and relief sought

Please describe the grounds for the appeal and the evidence to support those grounds.

Please describe what you want the Tribunal to do as a result of this appeal. The Tribunal may, by order, confirm, vary or rescind the decision or order to which the appeal relates. It can also refer the decision to which the appeal relates back to the Pay Equity Commissioner for redetermination.

Part IV: The hearing

A. Requesting an oral or written hearing

The appeal will occur by written submissions unless the Tribunal approves an oral hearing. An oral hearing means a Tribunal member would hear from the parties by phone, by videoconference or, in some cases, through an in-person hearing.

Please indicate your preference.

Yes, I request an oral hearing. No, I do not request an oral hearing.

If requesting an oral hearing, please explain why in detail and answer the following questions:

a. Do you consent to a virtual hearing? Yes No

b. Do you prefer a hearing by phone, by videoconference or in person?

c. If in person, indicate where you would want the hearing to be located:

d. Please indicate any restrictions on time or date:

e. Why do you request an oral hearing?

B. Official language of choice for the appeal

English French

Do you require interpretation services? Yes No

If yes, please let us know the type of interpretation:

C. Accessibility arrangements for the hearing

Please tell us if you need any specific arrangements to participate fully in the type of hearing sought (in writing, in person, by videoconference or by telephone). Examples include, but are not limited to, wheelchair access, access to a room with video-conferencing equipment, or audio or visual accommodations.

Accessibility requirements:

D. Seeking permission to introduce new evidence

In an appeal, a party must have permission from the Tribunal before introducing new evidence.

Do you seek permission to introduce new evidence? Yes No

If yes, please explain the basis for the request:

E. Attached documents

Provide a list of the documents you are filing together with this form.

F. Questions

G. Declaration

I declare that, to the best of my knowledge, all the information I provided as part of my Notice of Appeal is true.

Important information

- **Accessibility (alternative arrangements)**: The Tribunal is committed to providing an inclusive and accessible environment in which everyone has equitable access to our services. Please advise the Registry if you require any alternative arrangements to meet your individual needs during this appeal process.

- **Filing**:
  - Please review the Canadian Human Rights Tribunal Rules Respecting Pay Equity before completing this form.
  - You can file this form by email, by mail, by fax or by delivering it in person. Emailing your application to the email address designated by the Registry is the fastest and preferred way to send us information.
  - When filing by email, please sign this document electronically prior to filing it with the Tribunal if possible. Alternatively, you may print, sign and file a scanned copy of the document with the Registry. If you need help with this, please contact our Registry.

- If you will have more than one appellant or respondent in your proceeding, please add additional pages as required, clearly identifying the relevant section of the form, for example "Additional appellant information for Part II, A, B and C".

- **Change of contact information or representative**: Please notify the Tribunal right away of any change in your contact information or if you change your representative.

- **Forms:** The Tribunal's forms may be obtained by emailing the Registry at registry.office@chrt-tcdp.gc.ca or by calling 613-995-1707 or toll free at 1-844-899-3604.

- **Ask for help:** If you have any trouble filling out the form, contact the Registry at the following email: registry.office@chrt-tcdp.gc.ca or call 613-995-1707 (toll free: 1-844-899-3604).

- **Privacy:** If you file personal information with the Tribunal, it may be accessible to the public through the open court principle unless you request, and the Tribunal approves, a confidentiality order.