

Canadian Human
Rights Tribunal



Tribunal canadien
des droits de la personne

Party information form

If you have a representative, they should complete this form.

I. Case details:

Case name*:

Tribunal file(s) number(s)**:

*Complainant's name v. Respondent's name (e.g., Jamie Larose v. Company XYZ)

**Include this number when contacting the Tribunal about your case

Party filling out this form: DROP-DOWN

II. Contact information:

Title:

Name:

Pronunciation of name:

Note: To be sure we address participants respectfully and correctly, please tell us how to say your name.

- Here are some ways to do this:
 - Phonetically: Raul Gonzalez - **rah-OOL goon-SAH-les**
 - Sounds like: Ngoc Nguyen - sounds like "**knock**" "**win**"
 - Rhymes with: Anne Martin - **Anne** rhymes with "**man**"
 - Or you may provide a link to an audio recording of the name

Pronouns:

Address:

Telephone:

Email:

If you provide your email address, you are giving the Tribunal permission to contact you by email and you understand that the Tribunal isn't responsible for the privacy and security of email communications.

If you would like to speak to someone at the Tribunal or have questions, please contact the Registry at 613-995-1707 (or toll-free at 1-844-899-3604).

You must let the Tribunal and all parties know immediately if your contact information changes.

III. Representative's contact information

You can represent yourself before the Tribunal or have a lawyer, paralegal, notary or other person be your representative. If you have a representative, all documents and communications from the Tribunal will be sent to them.

Do you have a representative? If yes, complete the information below.

Yes ☐ No ☐

1. Representative

Name:

Pronunciation of name:

Pronouns:

Email:

Telephone:

Is your representative a lawyer or paralegal licensed by a provincial law society or a notary licensed by the Chambre des notaires du Québec?

Yes ☐ No ☐

Law firm/organization (if applicable):

Address:

2. Representative

Name:

Pronunciation of name:

Pronouns:

Email:

Telephone:

Is your representative a lawyer or paralegal licensed by a provincial law society or a notary licensed by the Chambre des notaires du Québec?

Yes ☐ No ☐

Law firm/organization (if applicable):

Address:

Note: Providing this email address means you confirm that your representative gives the Tribunal permission to contact them by email. You and your representative also understand that the Tribunal isn't responsible for the privacy and security of email communications.

Your representative understands they must immediately inform the Tribunal if they stop acting as your representative or if their contact information changes.

IV. Mediation

I want to try mediation:

Yes ☐ No ☐

Tribunal mediations are usually scheduled for one day. Please list all your available dates for the next 3 months, starting from the date on which the Tribunal sent its letter.

The Tribunal can hold mediations in-person, by videoconference or by phone.

When deciding whether to hold an in-person mediation, the Tribunal considers fairness, accessibility, the location of the proposed mediation and any health and safety requirements as well as cost, time and effort of attending in person for the parties and the Tribunal. Whether all parties agree to mediate in person is also an important factor. Parties should be aware that it may take longer to schedule an in-person mediation.

Please select your preferred mediation format:

Videoconference ☐ Phone ☐ In-person ☐

If in-person, preferred location:

V. Language

What language do you want to use with the Tribunal? DROP-DOWN

Will an interpreter be required for mediation or any part of the hearing?

Yes ☐ No ☐

The language of interpretation required is:

VI. Accommodations

Please tell us if you need any [alternate arrangements or disability accommodations](#) to participate fully in the Tribunal proceeding. Accommodations can include services or assistance with communications, mobility or medical needs or scheduling arrangements to allow you to perform personal, child or elder care. We want to ensure that everyone can participate in our proceedings.

Do you or your representative need any accommodation to participate?

Yes ☐ No ☐

If you answer yes, the Registry will be in contact with you to obtain more information about your needs. We may ask for documents explaining or supporting your accommodation request.

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