

TAB 1

Form PEA-1 – Application
for Appeal

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 *Important Information* ([below](#)) and the *Canadian Human Rights Tribunal Draft 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 Y/N

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.

Type (Organization or Individual)

Appellant's Name

B. Representation

Do you have legal or other representation Y/N

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

Home / Business address (Number, Street, Unit)

City / Town

Province / Territory

Postal Code

Phone Number

Email Address

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

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

Name of organization (ex: Law firm)

Business Address

City / Town Province / Territory

Postal Code

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 relevant sections of this form.

Type (Organization or Individual)

Respondent's Name

E. Respondent's Contact Information

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

Name

Home / Business Address (Number, Street, Unit)

City / Town

Province / Territory

Postal Code

Phone Number

Email Address

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

Name of Legal Counsel or Representative

Business address

City / Town

Province / Territory

Postal Code

Phone Number

Email Address

PART III	 GROUNDS FOR APPEAL AND RELIEF SOUGHT
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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
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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, video, 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.

- Do you consent to a virtual e-hearing? Y/N
- Do you prefer a hearing by phone, video or in person?
- If in person, indicate where you would want the hearing to be located:
- Please indicate any restrictions on time or date:
- Why do you request an oral hearing?

B. Official Language of Choice for Appeal

English French

Do you require Interpretation services? Y/N

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? Y/N

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.

Signature of the appellant or lawyer

Date

IMPORTANT INFORMATION

- **ACCESSIBILITY AND ACCOMODATION:** 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 accommodation to meet your individual needs during this appeal process.
- **FILING:**
 - Please review the *Canadian Human Rights Tribunal Draft Rules Respecting Pay Equity* before completing this form.
 - You can file this form by email, 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 the 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 from its website (www.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 provide personal information to the Tribunal it will be handled according to the *Canadian Human Rights Act*. The Tribunal’s handling of personal information is similar to that of a court of law. The Tribunal is authorized to collect, use and disclose personal information in the context of any Tribunal proceeding. Except where confidentiality is granted by the Tribunal, all information and documents submitted to the Tribunal as an individual, or on behalf of other individuals and/or businesses, will be accessible to the public during and after proceedings.

You may request that your personal information be redacted from disclosure by submitting a notice of motion to the Tribunal. Personal Information provided to the Tribunal is strictly used in the context of its proceedings. Personal information is stored and processed completely within Canada. Protecting

confidential information against unauthorized disclosure is of utmost importance to the Tribunal and the ATSSC. You may file a complaint to the [Office of the Privacy Commissioner of Canada](#) if you have reasons to think your personal information has been handled improperly.

TAB 2

Form PEA-2 – Response
to Appeal

Canadian Human
Rights Tribunal



Tribunal canadien
des droits de la personne

Form PEA-2 – Response to Appeal

Please fill out and sign this form if you have been served with an application for appeal relating to a decision or order issued by the Pay Equity Commissioner and are responding to it. Refer to *Important Information* ([below](#)) and the *Canadian Human Rights Tribunal Draft 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

Part I of the Application for Appeal identifies the decision being appealed by number and date.

Number:

Date of the Order or Decision:

PART II REPRESENTATION AND CONTACT INFORMATION

- Provide the respondent's contact information below.
- If the respondent 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. Respondent

Type (Organization of Individual)

Respondent's Name:

B. Representation

Do you have legal or other representation Y/N

Who will communicate with the Tribunal about this Appeal?

Select only one option:

Respondent Lawyer for the Respondent Non-lawyer Representative

Specify: _____

C. Contact Information

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

Name

Home / Business address (Number, Street, Unit, Building Name)

City / Town

Province / Territory

Postal Code

Phone Number

Email Address

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

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

Name of organization (ex. law firm, if any)

Business Address

City / Town Province / Territory

Postal Code

Phone Number

Email Address

PART III POSITION ON THE APPEAL AND RELIEF SOUGHT

A. Position

Outline your position on the appeal and the evidence to support your position. Ensure that you 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, or refer the decision to which the appeal relates back to the Pay Equity Commissioner for redetermination.

B. Cross Appeals

Do you cross-appeal? Y/N

If yes, please explain the grounds, evidence to support those grounds, and relief sought.

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.

If the appellant has requested an oral hearing in the Application for Appeal, do you consent? Y/N

If the appellant has not requested an oral hearing in the Application for Appeal, do you request an oral hearing? Y/N

If consenting to or requesting an oral hearing, please explain why in detail and answer the following questions.

- a. Do you consent to a virtual e-hearing? Y/N
- b. Do you prefer a hearing by phone, video 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 consent to or request an oral hearing?

B. Official Language of Choice for Appeal

English French

Do you require Interpretation services? Y/N

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. We want to ensure that everyone can participate in our proceedings on an equal basis.

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? Y/N

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 Response to Appeal is true.

Signature of the respondent or lawyer

Date

IMPORTANT INFORMATION

- **TIME LIMIT:** Upon receipt of an Application for Appeal, responding parties have 14 days to submit a response.
- **ACCESSIBILITY AND ACCOMODATION:** 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 accommodation to meet your individual needs during this appeal process.
- **FILING:**
 - Please review the *Canadian Human Rights Tribunal Draft Rules Respecting Pay Equity* before completing this form.
 - You can file this form by email, 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). The Tribunal anticipates that e-filing will soon be another option.
 - For 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.
- **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 from its website (www.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 provide personal information to the Tribunal it will be handled according to the *Canadian Human Rights Act*. The Tribunal's handling of personal information is similar to that of a court of law. The Tribunal is authorized to collect, use and disclose personal information in the context of any Tribunal proceeding. Except where confidentiality is granted by the Tribunal, all information and documents submitted to the Tribunal as an individual, or on behalf of other individuals and/or businesses, will be accessible to the public during and after proceedings.

You may request that your personal information be redacted from disclosure by submitting a notice of motion to the Tribunal. Personal Information provided to the Tribunal is strictly used in the context

of its proceedings. Personal information is stored and processed completely within Canada. Protecting confidential information against unauthorized disclosure is of utmost importance to the Tribunal and the ATSSC. You may file a complaint to the [Office of the Privacy Commissioner of Canada](#) if you have reasons to think your personal information has been handled improperly.

TAB 3

Form PEA-3 – Notice of
Withdrawal

Canadian Human
Rights TribunalTribunal canadien
des droits de la personne

Form PEA-3 – Notice of Withdrawal (Appeals)

Please fill out and sign this form if you wish to withdraw your appeal in its entirety. Include a cover page that contains the style of cause for this appeal. Refer to *Important Information* ([below](#)) and the *Canadian Human Rights Tribunal Draft Rules Respecting Pay Equity* when completing this form. Please follow the instructions carefully.

WITHDRAWAL

The appellant wholly withdraws this appeal.

Signature of the appellant or the appellant's lawyer

Date

Phone Number

TO: [Please enter the names and addresses of other lawyers or parties.]

IMPORTANT INFORMATION

- **FAQ**

- **Who can withdraw an appeal?** The party appealing (the Appellant) may wholly withdraw an appeal if they do not wish to proceed with the appeal. The Appellant should fill out this form (Notice of Withdrawal) and sign it or have their lawyer sign it, to withdraw from the appeal.
- **When can I withdraw an appeal?** You can withdraw from an appeal at any time prior to the Tribunal's decision on the appeal by serving and filing this notice of withdrawal.
- **Can I withdraw my appeal in part?** If you wish to withdraw your appeal, please make the request in a motion under Rule 15. The Tribunal will review your motion and let you know if it has been approved or not.

- **Can I use this form to suspend an appeal?** No, if you wish to put the appeal on hold, you must make that request in a motion under Rule 15.

- **ACCESSIBILITY AND ACCOMODATION:** 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 accommodation to meet your individual needs.

- **FILING:**
 - Please review the *Canadian Human Rights Tribunal Draft Rules Respecting Pay Equity* before completing this form.
 - You can file this form by email, 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, please contact our Registry.

- **FORMS:** The Tribunal's forms may be obtained from its website (www.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).

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You may request that your personal information be redacted from disclosure by submitting a notice of motion to the Tribunal. Personal Information provided to the Tribunal is strictly used in the context of its proceedings. Personal information is stored and processed completely within Canada. Protecting confidential information against unauthorized disclosure is of utmost importance to the Tribunal and the ATSSC. You may file a complaint to the [Office of the Privacy Commissioner of Canada](http://www.priv.gc.ca) if you have reasons to think your personal information has been handled improperly.

TAB 4

Form PEA-4 – Notice of
Referral

Canadian Human
Rights Tribunal



Tribunal canadien
des droits de la personne

Form PEA-4 – Notice of Referral

PART I REFERRAL

The purpose of this Notice is to refer [] a question of jurisdiction or [] an important question of law to the Canadian Human Rights Tribunal, for determination, under s. 162 of the *Pay Equity Act*.

Short name for the referral:

I, as Pay Equity Commissioner, am seeking an inquiry into the following question(s):

Bilingual summary of the referral suitable for posting on the Tribunal website pursuant to Rule 27(1)(a):

English Summary:

French Summary:

The Tribunal is best placed to answer the question(s) for the following reason(s):

PART II COMMISSIONER OR COMMISSIONER'S REPRESENTATIVE (IF ANY)

Name

Home / Business address (Number, Street, Unit)

City / Town

Province / Territory

Postal Code

Phone Number

Email Address

PART III	PARTIES' NAMES, REPRESENTATION AND CONTACT INFORMATION
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Please identify each party before the Commissioner to the matter in dispute, objection or complaint from which the referral derives. Please attach additional pages if more space is required.

Please note: parties before the Commissioner who are listed in this section and who wish to participate in the inquiry into the referral must file a notice of intention to participate within 7 days of receiving this Notice of Referral and Request for Directions. After 7 days, a motion is required.

A. First Party's Contact Information

Provide the party's name. Provide the party's contact information if the party represented themselves. Provide the representative's contact information if the party was represented by a lawyer or non-legal representative before the Commissioner:

Party's Name

If represented, Lawyer or Non-legal Representative's Name

Home / Business address (Number, Street, Unit)

City / Town

Province / Territory

Postal Code

Phone Number

Email Address

B. Second Party's Contact Information

Provide the party's name. Provide the party's contact information if the party represented themselves. Provide the representative's contact information if the party was represented by a lawyer or non-legal representative before the Commissioner:

Party's Name

If represented, Lawyer or Non-legal Representative's Name

Home / Business address (Number, Street, Unit)

City / Town

Province / Territory

Postal Code

Phone Number

Email Address

C. Third Party's Contact Information (if required)

Provide the party's name. Provide the party's contact information if the party represented themselves. Provide the representative's contact information if the party was represented by a lawyer or non-legal representative before the Commissioner:

Party's Name

If represented, Lawyer or Non-legal Representative's Name:

Home / Business address (Number, Street, Unit)

City / Town

Province / Territory

Postal Code

Phone Number

Email Address

PART IV	POTENTIAL INTERESTED PARTIES NAMES, REPRESENTATION AND CONTACT INFORMATION
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Please provide the name and contact information of any person or organization that the Commissioner considers to be a potential interested party with respect to the referral (if any). Please attach additional pages if more space is required.

Please note: those who are listed in this section and who are interested in being added to the inquiry into the referral as an interested party must submit a motion seeking the Tribunal's approval. The Tribunal will also post a summary of the referral on its website.

A. First Potential Interested Party's Contact Information

Provide the potential interested party's name. Provide the legal or non-legal representative's contact information if known, or if unavailable, provide the potential interested party's contact information:

Name

Lawyer or Non-legal Representative's Name (if known):

Home / Business address (Number, Street, Unit)

City / Town

Province / Territory

Postal Code

Phone Number

Email Address

B. Second Potential Interested Party's Contact Information

Provide the potential interested party's name. Provide the legal or non-legal representative's contact information if known, or if unavailable, provide the potential interested party's contact information:

Name

Lawyer or Non-legal Representative's Name (if known)

Home / Business address (Number, Street, Unit)

City / Town

Province / Territory

Postal Code

Phone Number

Email Address

PART V REQUEST FOR DIRECTIONS

A. The Commissioner requests directions as to these proposals:

- i. The following material is proposed to constitute the case to be determined in the inquiry into the referral:
- ii. The proposed timeline for the service and filing of copies of the material is:
- iii. The proposed timeline for the service and filing of memoranda of argument is:
- iv. The requested date and time for the hearing of the inquiry into the referral is:
- v. The proposed role of the Commissioner in the inquiry into the referral is:
Reasons for this proposed role:
- vi. The preparation, service and filing of books of authorities:
[] should be in accordance with the Draft Rules, or
[] should be as follows:
- vii. The proposed procedure for hearing the inquiry into the referral is:
[] in person;
[] oral by videoconference;
[] oral by teleconference; or
[] written. The reasons why a written inquiry is preferred are as follows:

B. Attached Documents

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

C. Comments

Karen Jensen, Pay Equity Commissioner

Date

IMPORTANT INFORMATION

- **ACCESSIBILITY AND ACCOMODATION:** 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 or your representative require any accommodation to meet your individual needs.
- **FILING:**
 - Please review the *Canadian Human Rights Tribunal Draft Rules Respecting Pay Equity* before completing this form.
 - You can file this form by email, 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.
 - For 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 need additional space to complete this form, please add additional pages as required, clearly identifying the relevant section of the form.
- **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 from its website (www.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).
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You may request that your personal information be redacted from disclosure by submitting a notice of motion to the Tribunal. Personal Information provided to the Tribunal is strictly used in the context of its proceedings. Personal information is stored and processed completely within Canada. Protecting confidential information against unauthorized disclosure is of utmost importance to the Tribunal and the ATSSC. You may file a complaint to the [Office of the Privacy Commissioner of Canada](http://www.priv.gc.ca) if you have reasons to think your personal information has been handled improperly.

TAB 5

Form PEA-5 – Notice of
Intention to Participate
(Referrals)

Canadian Human
Rights Tribunal



Tribunal canadien
des droits de la personne

Form PEA-5 – Notice of Intention to Participate (Referrals)

Please fill out and sign this form if you would like to participate in the referral commenced by the Pay Equity Commissioner. To use this form, you must have participated as a party before the Commissioner in the matter to which this referral relates. Refer to *Important Information* ([below](#)) and the *Canadian Human Rights Tribunal Draft Rules Respecting Pay Equity* ([hyperlink](#)) when completing this form. Please follow the instructions carefully and provide detailed information where requested.

INTENTION TO PARTICIPATE

Short name for the referral (from Part I of the Notice of Referral):

Date of the Notice of Referral (from Part V of the Notice of Referral):

[Enter name] intends to participate in the inquiry into the referral.

A. Contact Information

Provide the person or organization's name. Provide the person or organization's contact information if the person or organization will represent themselves. Provide a lawyer or representative's contact information if the person or organization will be represented by a lawyer or non-legal representative at the Tribunal.

Name

If represented, Lawyer or Non-legal Representative's Name:

Home / Business address (Number, Street, Unit)

City / Town

Province / Territory

Postal Code

Phone Number

Email Address

Signature

Date

TO: [Please enter names and addresses of other lawyers or parties]

IMPORTANT INFORMATION

- **ACCESSIBILITY AND ACCOMODATION:** 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 accommodation to meet your individual needs.
- **FILING:**
 - Please review the *Canadian Human Rights Tribunal Draft Rules Respecting Pay Equity* before completing this form.
 - You can file this form by email, 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).
 - For 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.
- **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 from its website (www.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 provide personal information to the Tribunal it will be handled according to the *Canadian Human Rights Act*. The Tribunal's handling of personal information is similar to that of a court of law. The Tribunal is authorized to collect, use and disclose personal information in the context of any Tribunal proceeding. Except where confidentiality is granted by the Tribunal, all information

and documents submitted to the Tribunal as an individual, or on behalf of other individuals and/or businesses, will be accessible to the public during and after proceedings.

You may request that your personal information be redacted from disclosure by submitting a notice of motion to the Tribunal. Personal Information provided to the Tribunal is strictly used in the context of its proceedings. Personal information is stored and processed completely within Canada. Protecting confidential information against unauthorized disclosure is of utmost importance to the Tribunal and the ATSSC. You may file a complaint to the [Office of the Privacy Commissioner of Canada](#) if you have reasons to think your personal information has been handled improperly.