

WOODSWORTH HOUSING CO-OPERATIVE INC.

Human Rights By-law Complaint Form

Please print or type. Add additional pages if needed.

Name of member or person making complaint:

Address: _____

The undersigned is making a complaint to the co-op about a violation of the co-op's Human Rights By-law.

1. Person or persons complained about _____
2. Date or approximate date of incidents _____
3. What was done that broke the Human Rights By-law?

4. I am enclosing the following documents or papers, if any:

This form is continued on the next page. Add additional pages if needed.

5. The following are people who know something about this. I understand the co-op may wish to contact them:

6. I understand that this complaint may be shown to the person complained about and that person may be given a copy.

7. I understand that where reprisals are an issue, the board of directors may decide to withhold my name or identifying details and only give the other party a summary of the complaint in order to prevent identification. I understand that the board does this only in the most extreme circumstances.

8. I request the board to withhold my name or identifying details and only give the person complained about a summary of the complaint as stated above.

Note: Complainant must initial here if making this request: Initials _____

Note: The board will only consider a request if the complainant's initials are above. The board may decide not to agree to the request.

9. The reasons for this request are:

10. I understand that the Human Rights By-law contains other rules about confidentiality of information, including that

- My file may be reviewed as part of the investigation.
- I may not provide confidential information about the co-op or anyone else to my lawyer or representative except through a complaints officer chosen by the board of directors.
- The report of the investigation will be confidential and the board may decide that it will not be shown to me.
- The action taken by the board may be confidential and I may be given only limited information about it.

I acknowledge that I have received a copy of the Human Rights By-law and I have had an opportunity to read it before signing this complaint. I consent to the confidentiality and other rules in the Human Rights By-law.

The information in this complaint is accurate and complete to the best of my knowledge.

Date: _____ Signature: _____

Print Name: _____