

HUMAN RIGHTS TRIBUNAL

Office of the Court of Québec

DISTRICT OF	
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No.	
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For use by the office of the Court of Québec

APPLICATION TO INSTITUTE PROCEEDINGS Section 84 of the <i>Charter of Human Rights and Freedoms, CQLR, c. C-12</i>
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1. Plaintiff(s)			
Plaintiff 1			
Given name and family name	Tel.:	Email:	
No.	Street		Apt./Office
City	Province	Postal Code	
Plaintiff 2			
Given name and family name	Tel.:	Email:	
No.	Street		Apt./Office
City	Province	Postal Code	
Plaintiff 3			
Given name and family name	Tel.:	Email:	
No.	Street		Apt./Office
City	Province	Postal Code	

** If there are more than three plaintiffs and/or defendants, please add them on a separate page.*

*** If there are parties other than the plaintiffs or the defendants, please add them on a separate page.*

2. Defendants(s)			
Defendant 1			
Given name and family name		Tel.:	Email:
No.	Street		Apt./Office
City		Province	Postal Code
Defendant 2			
Given name and family name		Tel.:	Email:
No.	Street		Apt./Office
City		Province	Postal Code
Defendant 3			
Given name and family name		Tel.:	Email:
No.	Street		Apt./Office
City		Province	Postal Code

3. Date of complaint with the Commission	___ / ___ / ___ (Year/Month/Day)
4. Date of receipt of the notification from the Commission You must file your application within 90 days of receipt of the notification from the Commission informing you of its decision not to institute a proceeding on your behalf before the Tribunal. If you fail to do so, your application will be dismissed.	___ / ___ / ___ (Year/Month/Day)
5. Documents to be included	
<input type="checkbox"/> Copy of the notification from the Commission <input type="checkbox"/> Copy of the resolution of the Commission	

6. You believe you were a victim of		
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment	<input type="checkbox"/> Exploitation of aged or handicapped persons
7. Ground(s) of the alleged discrimination or harassment		
<input type="checkbox"/> Age <input type="checkbox"/> Employment-related criminal record <input type="checkbox"/> Social condition <input type="checkbox"/> Political convictions <input type="checkbox"/> Civil status	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Handicap or the use of any means to palliate a handicap <input type="checkbox"/> Language <input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Ethnic or national origin <input type="checkbox"/> Race/Colour <input type="checkbox"/> Religion <input type="checkbox"/> Sex

8. Field(s) or sector(s) of activity concerned

- | | |
|--|--|
| <input type="checkbox"/> Access to a means of transportation or a public place | <input type="checkbox"/> Political rights |
| <input type="checkbox"/> A juridical act concerning goods or services ordinarily offered to the public | <input type="checkbox"/> Hiring/Employment |
| <input type="checkbox"/> A discriminatory clause in a juridical act | <input type="checkbox"/> Fundamental freedoms and rights |
| <input type="checkbox"/> Economic and social rights | <input type="checkbox"/> Profiling |
| <input type="checkbox"/> Judicial rights | <input type="checkbox"/> Discriminatory publicity |
| | <input type="checkbox"/> Reprisals |

9. Brief description of the alleged acts

Empty box for description of alleged acts.

10. Conclusions sought	
10.1 Amount for material damages	
10.2 Amount for moral damages	
10.3 Amount for punitive damages	
10.4 Total amount (10.1 + 10.2 + 10.3)	
10.5 Other orders – Specify below	

11. Amicable settlement conference
<p>The Human Rights Tribunal offers, free of charge, an amicable settlement service in an attempt to resolve disputes without the need for a trial. The amicable settlement conference is presided by a judge from the Tribunal and is held <i>in camera</i> and according to flexible rules.</p> <p>Do you wish to have recourse to an amicable settlement conference?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

12. Signatures		
Plaintiff 1 In _____ on _____ _____ Signature _____ Name in block letters	Plaintiff 2 In _____ on _____ _____ Signature _____ Name in block letters	Plaintiff 3 In _____ on _____ _____ Signature _____ Name in block letters

WARNING : No later than 15 days after filing your application, you must file a factum (*Form 2*), which is a document explaining the case in more details. Failure to file your factum within the time limit may entail the dismissal of your application.

No.	
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**HUMAN RIGHTS TRIBUNAL
(Office of the Court of Québec)**

DISTRICT OF	
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Plaintiff 1 _____

Plaintiff 2 _____

Plaintiff 3 _____

Plaintiff(s)

v.

Defendant 1 _____

Defendant 2 _____

Defendant 3 _____

Defendant(s)

APPLICATION TO INSTITUTE PROCEEDINGS

Amount in dispute: \$ _____