

Tenant Human Rights Complaints Form

Personal Details	
Full Name <input type="text"/> Click or tap here to enter text.	
Address <input type="text"/> Click or tap here to enter text.	Unit # <input type="text"/>
Phone Number <input type="text"/>	Email (if applicable) <input type="text"/>
Can Toronto Seniors Housing (TSHC) leave a voicemail at this number? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you prefer to be contacted by: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Other (please specify)	
NOTE: If you select email, you authorize TSHC to send you personal information related to your complaint to the email listed above.	
Please indicate the pronouns we should use when referring to you. (he, she, they, etc.) <input type="text"/>	
Communications and Support	
Do you need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please specify the language <input type="text"/>	
Do you have any accessibility needs to fully participate in any potential investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please describe your needs: <input type="text"/>	
Are you an agent representing the complainant, e.g. social worker etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please provide the information below:	
Name <input type="text"/>	
Telephone Number <input type="text"/>	
Relationship with the tenant <input type="text"/>	
Would you like TSHC to communicate with another person regarding this complaint (ex. legal workers, social workers, doctors, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Toronto Seniors Housing
423 Yonge St., 2nd Floor
Toronto, ON M5B 1T2
Email: solutions@torontoseniorshousing.ca
Telephone Number: 416-945-0888

**Toronto Seniors
Housing Corporation**

If YES, please provide the information below.

Name

Telephone Number

Email Address

Relationship with the tenant

Consent

I give my consent to TSHC to contact and share information about me and this complaint with the person named above for the purpose of investigating and resolving this complaint.

Signature

Date

NOTE: TSHC will only share information that is relevant to this complaint. If you want to take back your consent at any time, please email solutions@torontoseniorshousing.ca

The Centre for Advancing the Interests of Black People is responsible for implementing the organization's Confronting Anti-Black Racism Strategy. The Centre is a resource for staff and tenants to help them understand and address the impacts of anti-Black racism at TSHC. If there are potential anti-Black racism elements to your complaint, TSHC may consult with the Centre about your complaint.

We may do this in order to identify any issues related to anti-Black racism, unless you indicate that you do not wish for the Centre to be involved. If you do not want staff investigating your complaint to consult with the Centre, please indicate this below.

I do not wish for TSHC staff investigating my complaint to consult with The Centre for Advancing the Interests of Black People.

Do you consent to TSHC sharing information about the complaint, including your name, to the person who the complaint is being made against?

YES NO

Complaint

Please indicate the individual(s) or entity(entities) to whom the complaint pertains. (Select all that apply)

Staff Tenant Vendor/Agency Policy/Procedure/Practice

Please provide the details of the individual or entity involved in the complaint. This may include the person's name, address, position, or other relevant information.

Please specify the Human Rights Code ground(s) you believe were the basis for discrimination or where TSHC did not provide appropriate accommodation. (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Family Status |
| <input type="checkbox"/> Ancestry, color, race | <input type="checkbox"/> Marital Status (including single status) |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Gender Identity, Gender Expression |
| <input type="checkbox"/> Ethnic Origin | <input type="checkbox"/> Receipt of Public Assistance |
| <input type="checkbox"/> Place of Origin | <input type="checkbox"/> Sex (including pregnancy and breastfeeding) |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | |

Have you raised this issue with TSHC before?

- YES NO

If YES, please provide detailed information, including when you raised this issue, the method used, and the individual(s) or department(s) you contacted.

Details of the Event

Please describe what happened. Include as many details as possible (what happened, the protected ground(s) that you believe played a role in your adverse treatment, where it happened, when it happened, on what dates and at which time(s), who was involved, how you identify with the protected grounds that you have listed, etc.). If you need more space, you can attach additional sheets of paper to this complaint form.

Are there any other details you think are important to your complaint? If yes, please include them below.

Agreement

- The information in this complaint form is true to the best of my knowledge.
- I authorize TSHC to collect personal information (such as the information about me in this complaints form).

Complainant Signature

Date

Instructions to Submit this Form

Once you have completed this form, please submit it to **TSHC** using one of the following methods:

By email:

solutions@torontoseniorshousing.ca

In Person:

- Your local regional office
- Directly to your Senior Services Coordinator
- Head Office, located at 423 Yonge Street Toronto ON M5B 1T2

By mail:

Attention: Complaints and Solutions
423 Yonge Street Toronto ON M5B 1T2

Assistance in completing the form:

If you need help understanding or completing the form, please reach out to your Seniors Services Coordinator or your Tenant Engagement & Support Supervisor.

FOR OFFICE USE ONLY	
Date	
Reference Number	