

File #: _____
(TO BE FILLED IN BY NHRT)

Nunavut Human Rights Tribunal

NOTIFICATION

Information contained in this form will be used by the Nunavut Human Rights Tribunal to make decisions about your application.

This form is also available in French, Inuinnaqtun and Inuktitut.

Nunavut Human Rights Tribunal Office

P.O. Box 15

Coral Harbour, NU X0C 0C0

Toll free: 1-866-413-6478 Coral Harbour: 867-925-8447 Fax: 1-888-220-1011

Email: nunavuthumanrights@gov.nu.ca

Instructions to Applicant

1. This is the first step in the Nunavut Human Rights process. All Applicants must complete this form giving as much detail as possible, so that the Nunavut Human Rights Tribunal (the “Tribunal”) will understand your complaint and be able to decide whether or not you are entitled to a hearing.
2. Read the Guide to Filing a Notification with the Nunavut Human Rights Tribunal before completing this form.
3. Please print or write clearly. You can also request an electronic version of this form at nunavuthumanrights@gov.nu.ca. Notifications that are unreadable or incomplete may be returned for proper completion.
4. If you have any questions, contact the Tribunal Office at 1-866-413-6478 (toll-free) for assistance.
5. What language would you prefer to use?
 - i. English Inniunnqatun
 - ii. Inuktitut French
6. What language do you prefer to read?
 - i. English Inniunnqatun
 - ii. Inuktitut French
7. You are advised to seek the assistance of legal counsel. Legal counsel must be authorized to provide legal services in Nunavut by the Law Society of Nunavut. The Law Society of Nunavut maintains a list of lawyers who are authorized to provide legal services in Nunavut on its website. It also explains the cost and process for a lawyer from another Canadian jurisdiction to get authorized to provide legal services in Nunavut (see <https://www.lawsociety.nu.ca/>).
8. The completed Notification can be faxed or emailed. Note that confidentiality of email communication can not be guaranteed.
9. Supporting documents or appendices should total 20 pages or less (Rule 6.2).
10. The original completed copy of the Notification must be sent by registered mail.
11. It is the responsibility of the Applicant to notify the Tribunal Office of any change in Contact Information.
12. Under section 24(3)(a) of the Nunavut Human Rights Act, the Nunavut Human Rights Tribunal may impose penalties, including monetary damages, against anyone who knowingly files a Notification or a Reply to Notification that contains false information or which is trivial or intended to annoy or harass other persons.
13. Choose your preferred method of communicating with the office:
 Email Telephone Canada Post Fax

Part 1: Applicant Contact Information

1.1 Applicant

Name:	
Mailing Address:	
Community:	
Territory/Prov:	Postal Code:
Phone:	Fax:
Email address:	(Optional)
Leave message:	

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1.2 Co-Applicant(s) Contact Information

Name:	
Mailing Address:	
Community:	
Territory/Prov:	Postal Code:
Phone:	Fax:
Email address:	(Optional)
Leave message:	

Name:	
Mailing Address:	
Community:	
Territory/Prov:	Postal Code:
Phone:	Fax:
Email address:	(Optional)
Leave message:	

Name:	
Mailing Address:	
Community:	
Territory/Prov:	Postal Code:
Phone:	Fax:
Email address:	(Optional)
Leave message:	

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1.3 Person Assisting Applicant

If the Notification is being filed on behalf of someone else, the person completing the Notification must provide contact information.

Name:	
Mailing Address:	
Community:	
Territory/Prov:	Postal Code:
Phone:	Fax:
Email address:	(Optional)
Leave message:	

1.4 Consent of Applicant

If the Notification is being completed on behalf of another person, the Applicant must give consent to this application being filed with the Nunavut Human Rights Tribunal.

I, _____, have read this Notification, or had it read to me, and I consent to this application being filed with the Nunavut Human Rights Tribunal.

Signature _____	Date _____
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Part 2: Respondent Contact Information

Respondent #1

Name:	
Mailing Address:	
Community:	
Territory/Prov:	Postal Code:
Phone:	Fax:
Email address:	(Optional)
Leave message:	

If there is more than one (1) Respondent, provide contact information.

Respondent #2

Name:	
Mailing Address:	
Community:	
Territory/Prov:	Postal Code:
Phone:	Fax:
Email address:	(Optional)
Leave message:	

Respondent #3

Name:	
Mailing Address:	
Community:	
Territory/Prov:	Postal Code:
Phone:	Fax:
Email address:	(Optional)
Leave message:	

Part 3: Grounds of Discrimination

3.1 On what grounds or personal characteristics were you discriminated against? Check (☑) any that may apply.

<input type="checkbox"/> Race	<input type="checkbox"/> Creed	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Colour	<input type="checkbox"/> Religion	<input type="checkbox"/> Family Status
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Ethnic Origin	<input type="checkbox"/> Disability	<input type="checkbox"/> Income
<input type="checkbox"/> Citizenship	<input type="checkbox"/> Sex	<input type="checkbox"/> Pardoned Criminal
<input type="checkbox"/> Place of Origin	<input type="checkbox"/> Sexual Orientation	Conviction
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Gender Expression	

3.2 Where did the discrimination take place? Check (☑) any that may apply.

<input type="checkbox"/> Looking for work
<input type="checkbox"/> At work
<input type="checkbox"/> Joining a trade union or professional association
<input type="checkbox"/> Renting a home or workplace
<input type="checkbox"/> Obtaining goods, services, facilities or contracts
<input type="checkbox"/> Newspapers, pamphlets, magazines, signs, etc.

3.3 When did the discrimination happen?
Specify the day, month and year the alleged act occurred.

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4.4 Did you or anyone else try to fix, or to resolve this problem before you contacted the Human Rights Tribunal Office? (See Guide for examples.)

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6.2 If you have someone to assist you in resolving this issue, such as an elder or community organization representative, relative, etc.? Do you have their consent to do so? If “yes” to both questions provide contact information.

Name	Contact Information
	Ph: Community:
	Ph: Community:
	Ph: Community:
	Ph: Community:

6.3 If you are considering or have contacted legal counsel, provide contact information. (Your lawyer must be authorized to provide legal services in Nunavut by the Law Society of Nunavut. See <https://www.lawsociety.nu.ca/>. The Tribunal may ask your lawyer for proof that they have authorization to provide legal services in Nunavut from the Law Society of Nunavut.)

Name	Contact Information
	Ph: Community:

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Part 7: Verification and Consent

I, (Applicant) _____, am filing this Notification with the Nunavut Human Rights Tribunal. I understand that all information provided within this document will be given to the named Respondent and that the Respondent will have the opportunity to reply to the contents of this Application. I also understand that all information given will be confidential, subject to the provisions of the Nunavut Access to Information and Privacy Act.

Signature

Date

If application was completed orally:

I, _____, recorded the information given to me by the Applicant, _____.

Recorder

Date

If your application was translated for you:

Translator

Date

Translator (please print name):

Completed Notifications can be sent by fax, email or registered mail to:

Nunavut Human Rights Tribunal Office

P.O. Box 15

Coral Harbour, NU X0C 0C0

Toll free: 1-866-413-6478 Coral Harbour: 867-925-8447 Fax: 1-888-220-1011

Email: nunavuthumanrights@gov.nu.ca

Note: The Tribunal cannot guarantee the confidentiality of e-mails received.