



## Inquiry Form

Please complete the form accurately and with sufficient details for the Commission to fully understand what happened, when it happened and how the circumstances are all connected. You may also refer to the **Inquiry Form Guide** to assist with the completion of this form. If you have any questions, please contact the Commission by calling (902) 424-4111 or by email at [hrcinquiries@novascotia.ca](mailto:hrcinquiries@novascotia.ca)

### 1. Personal information

- a. Please provide your full name (first, last) and your preferred pronouns.  
E.g.: Jane Smith (she/her)
  
- b. Please provide your Date of Birth (Month / Day / Year)
  
- c. Please provide your mailing address, include your street number, street name, postal code, city, and province.
  
- d. Please provide your main telephone number, as well as an alternate phone number (if available) should the Commission not be able to reach you regarding your inquiry.
  
- e. Please provide your email.
  
- f. What is your preference for communication, phone, or email?

## 2. Respondent information

Please provide the name and mailing address of the organization or individual (the Respondent) that you believe has violated your rights. This might be your employer, a service provider, landlord or some other agency or individual. Please provide the legal name of the organization, you may be able to find this on a pay stub, or Record of Employment.

*If you believe that there are more than 3 respondents, please provide the additional information on a separate sheet.*

### Respondent 1

Name of business, organization, association or individual		
Mailing address		
Town/City	Province	Postal code
Telephone Number		

### Respondent 2 (if applicable)

Name of business, organization, association or individual		
Mailing address		
Town/City	Province	Postal code
Telephone Number		

### Respondent 3 (if applicable)

Name of business, organization, association or individual		
Mailing address		
Town/City	Province	Postal code
Telephone Number		

### 3. Legal counsel and/or advocate

An Advocate is someone who you consent to speak and act on behalf of you throughout the complaint process. They may be an appointed guardian or trusted family member or be a community advocate.

- a. If you are represented by legal counsel, please insert their name, organization or firm name, email address and telephone number below.

Name of Legal Counsel

Name of Organization or Firm

Email Address

Telephone Number

- b. If you are working with an advocate, provide their contact information.

Name of advocate

Email address

Telephone Number

- c. If you have legal counsel/ an advocate, would you like our communications to go to yourself only, you and your legal counsel/ advocate, or only your legal counsel/ advocate? Please check one.

**I prefer communication to be sent to myself only**

**I prefer communication to be sent to myself and my legal counsel or advocate**

**I prefer communication to be sent to my legal counsel or advocate only**

#### 4. Union, Bargaining Unit or Collective Agreements

Do you belong to a union or professional association which is governed by a collective agreement? If yes, what is your union’s name and local number, or the professional association’s name. Please also list your representative’s name and contact information.

Local Number
Name of trade union or professional association

#### 5. Other agencies

Have you addressed this same matter with other agencies? This could include Labour Standards, Workers’ Compensation Board, a professional body engaged in the oversight of its members, a union or court/civil action. If so, please list the agency below, and the current stage of the proceeding.

Name of agency	Current status
Name of agency	Current status
Name of agency	Current status

## 6. Protected Characteristics and Prohibited Areas

Please select the protected characteristic(s) on which you feel you were discriminated against. E.g. sex, gender expression, physical disability, etc. Please also select the area in which this discrimination occurred. E.g. employment, access to services, housing or accommodation, etc.

*If you are unsure of which characteristic(s) you should list, or need further information on the prohibited grounds, please use the Inquiry Form Guide.*

Protected Characteristic(s) (you must select at least one)

If the treatment experienced is based on more than one Characteristic, please Identify below.

Prohibited area(s) (you must select at least one)

If the treatment experienced is based on more than one Area, please Identify below.

- a. Please explain what your protected characteristic is (examples, I am African Nova Scotian, I have been formally diagnosed with Generalized Anxiety Order, etc.)



d. How does what happened relate to your protected characteristic identified in section 6 of this form?

e. Do you believe you are the only person experiencing this treatment from the Respondent? Please explain.

f. How has this affected you? E.g. impacted mental health, physical health, financial wellbeing, sense of safety and security, etc.

g. What has been the hardest thing for you about this situation?

h. Have you taken any steps to resolve the situation? Please describe. Did you speak with the individual who is responsible for the treatment? Did you provide necessary information to help the other party understand the situation? What were the outcomes of your efforts? It is not necessary to have done any of these things. These details help us capture your story.



- i. From your perspective, what do you think needs to happen to make things right?

## 8. Supporting Documents

Please detail below any documents you have that substantiate your claim, confirm certain details relayed in your inquiry, or confirm events as they've been described, an example is below. **Please do not provide us with these documents at this time**, The Commission just wants to understand what documentation you have. You will have the opportunity to submit documents, if they are needed, throughout the complaint process.

Document date (e.g. January 01, 1999)	Document type (e.g. Record Of Employment, Doctor's note, termination letter, emails, etc.)	Brief description (e.g. a couple words to explain what the document is, if needed)
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## 9. Acknowledgment and Consent

I understand that by submitting this inquiry form:

- **This is not an official complaint** with the Human Rights Commission.
- This form is used by the Commission to assess whether my inquiry can be accepted.
- If the Commission is able to accept my complaint, a Human Rights Officer (HRO) will create and provide complaint form for signature.

**By submitting my inquiry to the Commission, I am consenting to an HRO reviewing the information provided and assessing whether my inquiry will become an official complaint. If there is information that is still needed or clarification required, an HRO will be in contact with me via telephone or email.**

**I consent to the release to the Nova Scotia Human Rights Commission (NSHRC) of all information and documents concerning me that the NSHRC considers necessary for its processing of a complaint, such as, but not limited to, personnel records, documents, data, medical or hospital records which relate to this complaint.**

**I also authorize the NSHRC to have such information examined by any person it retains to provide advice and assistance in dealing with my inquiry.**

**I understand and consent to the information held by NSHRC for processing my complaint being shared in part or in whole with any respondent named in the complaint for the purposes of processing the complaint and obtaining a reply from another party and/or remedy of the complaint.**

**I understand that any information held by the NSHRC may be sought by a Freedom of Information and Protection of Privacy Act, (FOIPOP) request. The NSHRC may release only that information that is not exempted from being released by the FOIPOP Act. All information held by the Commission, is held in accordance with the provincial government's document retention schedule.**

**I understand that I can withdraw my consent in part or wholly at any time. It must be in writing. I also, understand that if consent to obtain and use information is withdrawn, it may impact the ability of the Commission to complete the processing of a complaint.**

**I have legal authority to provide this consent to use, hold and release information.**

Dated at \_\_\_\_\_

on \_\_\_\_\_

(City, Town or Municipality)

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Signature

Please review the above carefully to ensure accurate and well detailed information has been provided. Please provide as many details as possible including dates and how the treatment you experienced is related to your protected characteristic(s). A lack of dates or details may cause delays in your assessment.

The Commission acknowledges it can be difficult to discuss the matters asked of you in this inquiry form. If you need support to help process the possible trauma brought up during the completion of this form, please contact the United Way's 2-1-1 service. They can be reached 24 hours a day, 7 days a week, online at [211 Nova Scotia - NS 211 or by phone](#) or text 2-1-1.

## How to submit your form

- ✓ Review your inquiry form to ensure you have provided full information and responded to all applicable questions.
- ✓ Submit your inquiry form to [hrcintake@novascotia.ca](mailto:hrcintake@novascotia.ca)

Staff will review your submission and you will receive written correspondence, either by email or letter, that will explain the next steps.