

## ORIGINATING APPLICATION

Sections 84 and 114 of the *Charter of Human Rights and Freedoms*, CQLR, c. C-12  
Sections 12, 13 and 16-18 of the *Regulation of the Human Rights Tribunal*, CQLR, c. C-12, r. 7

### GENERAL INFORMATION

This form allows the plaintiff to institute proceedings with the Human Rights Tribunal by filing an *Originating Application*.

#### The plaintiff must:

- (1) Have filed a complaint with the Commission des droits de la personne et des droits de la jeunesse (CDPDJ);
- (2) Have received a decision and a letter from the CDPDJ which mention that the case can be brought before the Tribunal, in accordance with section 84 of the Charter;
- (3) Submit an application to the Tribunal **within 90 days** of the receipt of the documents from the CDPDJ. The failure to submit within this time period may entail the dismissal of the application.

### PROCEDURE

#### FILING AT THE COURT OFFICE

You must file your *Originating Application* accompanied by a summons at the office of the Court of Québec, in the judicial district where the defendant resides or has his principal business establishment. As specified in the [Directive of the Human Rights Tribunal](#), it must be **filed in 2 paper versions**. **These documents must also be transmitted to the Tribunal using a technological-based medium**. Additional copies may be requested by the Tribunal.

To find the location of a courthouse: <https://www.justice.gouv.qc.ca/nous-joindre/trouver-un-palais-de-justice/>

#### FILING WITH THE GREFFE NUMÉRIQUE JUDICIAIRE DU QUÉBEC

As of April 1<sup>st</sup>, 2024, you may file your *Originating Application* with the Greffe numérique judiciaire du Québec. To use this option, visit: <https://lexius-gnjq.justice.gouv.qc.ca/en/Accueil>

**PLEASE NOTE** that you cannot file your list of exhibits nor your exhibits with the Greffe numérique judiciaire du Québec.

#### JUDICIAL COSTS

Judicial costs must be paid when you file your *Originating Application*. The clerk of the Court of Québec will inform you of the amount to be paid.

#### RECORD NUMBER

A record number will be assigned by the clerk of the Court of Québec when you file your application. You must include this number on all documents and procedures that you subsequently file.

#### NOTIFICATION

**Your *Originating Application* must then be served by court bailiff.** The bailiff's report, attesting that your proceedings have been notified to the other parties, must be filed at the office of the Court of Québec. **PLEASE NOTE** that notification by mail, registered mail, email or courier service (Purolator, Dicom, etc.) is not accepted.

### CHECKLIST

Before filing your application:

- You must complete the *Originating Application*;
- You must sign on page 4;
- You must attach 2 paper versions of:
  - The decision of the CDPDJ and the document communicating it to you;
  - Proof of the date of receipt of the CDPDJ's decision;
- You must complete the summons (Schedule 1 of the Regulation);
- You must complete the reverse side;
- You must provide **2 paper versions** of the *Originating Application* and the documents mentioned in the preceding points printed one-sided at the office of the Court of Québec in the district where the application is filed;
- You must provide **1 version using a technological-based medium** of the *Originating Application* and the documents mentioned in the preceding points to the Tribunal.

District of: \_\_\_\_\_

Record no: \_\_\_\_\_

For the use of the office of the Court of Québec

**ORIGINATING APPLICATION**

Sections 84 and 114 of the *Charter of Human Rights and Freedoms*, CQLR, c. C-12  
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IDENTIFICATION OF THE PARTIES	
<i>Enter the name and contact information of each party. You must notify the Tribunal of any subsequent change by completing the <a href="#">Change of Address Form</a>.</i>	
<b>Plaintiff 1</b>	
Given name and family name	Telephone
Address	
Number	Street
Apartment	City
Province	Postal code
<input type="checkbox"/> I consent to the Tribunal notifying me of any document and judgment by email	Email address
<b>Plaintiff 2</b>	
Given name and family name	Telephone
Address	
Number	Street
Apartment	City
Province	Postal code
<input type="checkbox"/> I consent to the Tribunal notifying me of any document and judgment by email	Email address
<b>Plaintiff 3</b>	
Given name and family name	Telephone
Address	
Number	Street
Apartment	City
Province	Postal code
<input type="checkbox"/> I consent to the Tribunal notifying me of any document and judgment by email	Email address
<b>Defendant 1</b>	
Given name and family name	Telephone
Address	
Number	Street
Apartment	City
Province	Postal code
Email address	
<b>Defendant 2</b>	
Given name and family name	Telephone
Address	
Number	Street
Apartment	City
Province	Postal code
Email address	
<b>Defendant 3</b>	
Given name and family name	Telephone
Address	
Number	Street
Apartment	City
Province	Postal code
Email address	

**COMPLAINT WITH THE CDPDJ**

<b>Date the complaint was filed with the CDPDJ</b>	Year	Month	Day
<b>Date of notification of the CDPDJ's decision</b>	Year	Month	Day

**Note:** The decision of the CDPDJ and the document communicating such decision must be filed with this application.

**YOU BELIEVE YOU WERE A VICTIM OF**

*Check the box(es) that apply to your case.*

Discrimination
  Harassment
  Exploitation of elderly (aged) persons or persons with a disability (handicapped person)

**In case of discrimination and harassment:**

*Check the box(es) corresponding to each ground(s) for alleged discrimination or harassment.*

<input type="checkbox"/> Age	<input type="checkbox"/> Gender identity or expression	<input type="checkbox"/> Ethnic or national origin
<input type="checkbox"/> Employment-related criminal record	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Race/Color
<input type="checkbox"/> Social condition	<input type="checkbox"/> Disability (handicap) or use of a means to palliate a disability (handicap)	<input type="checkbox"/> Religion
<input type="checkbox"/> Political convictions	<input type="checkbox"/> Language	<input type="checkbox"/> Sex
<input type="checkbox"/> Civil status	<input type="checkbox"/> Sexual orientation	

**Field(s) or sector(s) of activities concerned:**

*Check the box(es) that apply to your case.*

<input type="checkbox"/> Access to public transportation or a public space	<input type="checkbox"/> Judicial rights	<input type="checkbox"/> Profiling
<input type="checkbox"/> Juridical act concerning goods or services ordinarily offered to the public	<input type="checkbox"/> Political rights	<input type="checkbox"/> Discriminatory notice or publication
<input type="checkbox"/> Discriminatory clause in a juridical act	<input type="checkbox"/> Hiring/Employment	<input type="checkbox"/> Reprisals
<input type="checkbox"/> Economic and social rights	<input type="checkbox"/> Fundamental freedoms and rights	

**FACTS IN SUPPORT OF YOUR APPLICATION**

*Describe each event in chronological order, indicating the date, location, and a description of what happened. If you need more space, please use a blank page and attach it to your application.*

DATE	EVENT
_____ / _____ / _____ Year                      Month                      Day	[1]
_____ / _____ / _____ Year                      Month                      Day	[2]

_____ / _____ / _____ Year                      Month                      Day	<b>[3]</b>
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_____ / _____ / _____ Year                      Month                      Day	<b>[4]</b>
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**LEGAL ISSUE(S) IN DISPUTE**

*Write down the question(s) to be decided by the Tribunal.*

- 1.
- 2.
- 3.
- 4.

**CONCLUSIONS SOUGHT**

*Enter the amounts you are claiming and, if applicable, the orders you are requesting. If there is more than one defendant, state the amounts claimed against each defendant. The amounts claimed can be different from the ones suggested in the CDPDJ's decision.*

<b>Amount for material damage</b>	
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*These are the amounts that you lost or were forced to pay because of the discrimination, harassment, or exploitation of which you claim to have been a victim. For example: loss of salary, rent increase, moving expenses.*

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<b>Amount for moral damages</b>	
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*These are the amounts that the Tribunal can award to compensate for the moral damage caused by the discrimination, harassment, or exploitation of which you claim to have been a victim. For example: loss of quality of life, psychological suffering, attack to your right to the safeguard of your dignity, humiliation, loss of self-esteem.*

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<b>Amount for punitive damages</b>	
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*These are the amounts that the Tribunal can award if the discrimination, harassment, or exploitation of which you claim to have been a victim was intentional, that is, if the consequences were intended or, at least, foreseeable.*

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<b>Total amount</b>	
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**Order(s) sought:**

*The Tribunal may order the defendant(s) to take the necessary measures to restore the situation and put an end to the infringement of your rights. For example: reinstatement in the workplace, implementation of the necessary adaptive measures.*

**WITNESSES AND EXPERTS**

**List of witness(es)**

*Write the names of the witnesses you will summon for the hearing (trial) before the Tribunal.*

- 1.
- 2.
- 3.
- 4.

**List of expert(s)**

*If you wish to file expert evidence, please indicate the name of the expert and the subject of their expertise.*

- 1.
- 2.

**TIME REQUIRED FOR YOUR EVIDENCE AND ARGUMENTS**

*Indicate the number of hours you estimate will be necessary to present your evidence (testimonies, examination, and cross-examination) and your arguments.*

\_\_\_\_\_hours

**SETTLEMENT CONFERENCE**

*The Settlement Conference is an alternative to the trial, by which the parties try to reach an amicable settlement (mediation) to their dispute. It is a closed door and no-cost process presided over by a judge of the Tribunal.*

Do you wish to participate in a Settlement Conference?       **YES**       **NO**

**SIGNATURE**

**Plaintiff 1**

Signed at \_\_\_\_\_,  
(City)

the \_\_\_\_\_  
(Date)

\_\_\_\_\_

**Plaintiff 2**

Signed at \_\_\_\_\_,  
(City)

the \_\_\_\_\_  
(Date)

\_\_\_\_\_

**Plaintiff 3**

Signed at \_\_\_\_\_,  
(City)

the \_\_\_\_\_  
(Date)

\_\_\_\_\_

## Schedule 1 of the Regulations

### SUMMONS

(Sections 114 and 115 of the Charter of Human Rights and Freedoms  
Section 17 of the *Regulations of the Human Rights Tribunal*)

Take notice that the plaintiff has filed this *Originating Application* at the office of the Court of Québec in the judicial district of \_\_\_\_\_.

In accordance with section 115 of the *Charter of Human Rights and Freedoms*, the defendant may file a defence at the office of the Court of Québec of the district where the application is filed **within 45 days after this application has been served** and must, where applicable, serve the application to all the parties.

**Within the same period**, the other parties may file their observations in writing at that office and must, where appropriate, serve the application to all the parties.

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### CONTACT INFORMATION OF PARTIES

In accordance with section 19 of the *Regulation of the Human Rights Tribunal*, every person to whom the *Originating Application* has been served must, **within 45 days after the origination application has been served**, complete and file the contact information form provided for in Schedule 2 at the office of the Court of Québec in the judicial district where the application is filed, then notify it to all parties.

In the case of a change of address, the parties or their attorneys must complete **without delay** the change of address form provided for in Schedule 3, notify it to the other parties and file it with that office.

The contact information form is also available on the Tribunal's website, under the "FORMS AND GUIDES" at the following address:  
<https://tribunalesdroitsdelapersonne.ca/>

No:

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**HUMAN RIGHTS TRIBUNAL**  
(Office of the Court of Québec)  
**DISTRICT OF**

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and

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and

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Plaintiff(s)

v.

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and

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and

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Defendant(s)

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**ORIGINATING APPLICATION AND SUMMONS**

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Amount in dispute:

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Name:

Address:

Telephone:

Email: