



Complete this form if you are bringing an Application under section 34(1) of the *Human Rights Code* (the "Code").

If you are a person or organization, other than the Ontario Human Rights Commission, bringing an Application on behalf of one or more persons under section 34(5) of the *Human Rights Code* (the "Code"), complete Form 1G (Application under Section 34(5) of the *Human Rights Code*) instead.

How to Complete this Form

- For more information on how to complete this form, read the [Applicant's Guide](#).
- This form has ten sections. **An asterisk (*) means you must provide the information.**
- This Application may only be submitted under one applicant name. A separate application form will be required for each applicant even where they allege they experienced the same discrimination.
- **Complete all sections of the form.** An incomplete application form will be returned to you. This will delay the processing of your Application.
- **DO NOT attach documents to this form**, other than the documents allowed in Section 6 or required by Section 7. The HRTO will tell you when you need to submit documents and evidence to support your Application.
- **Save a copy of this form for your records.** It does not save automatically.
- **Submit your Application only ONCE.** The HRTO will only accept the first Application if you file more than one based on the same set of events.
- **Submit your Application electronically by email after completing all necessary fields and selecting the "Review for Completeness and Save Form" button at the end of this form.** Then open your email service provider (e.g. Outlook, Hotmail, Gmail etc.) and update the subject line as indicated in the [filing instructions](#), attach your completed application form and documents required under section 6 & 7 and send to HRTO.Efile@Ontario.ca. If you don't have access to email, print your completed and reviewed form and mail it to the [HRTO](#).

Note: Sending your Form by email is easier and will be processed faster.

Accommodations

If you require accommodation of a *Human Rights Code*-related need, please contact the HRTO at the earliest opportunity. For more information about making a *Code*-related accommodation request, please go to tribunalsontario.ca/en/accessibility-and-diversity.

Access and Privacy

HRTO proceedings are usually open to the public. If a hearing is held, the public can attend. **Decisions about your case are published online and documents you submit to HRTO are available to the public on request** (subject to limited exceptions). Any information that you provide to the HRTO that is relevant to this Application must be provided to the other parties to the proceeding. The HRTO may grant anonymization and other confidentiality orders in exceptional circumstances, and routinely anonymizes the names of children. Please refer to the HRTO's [Practice Direction on Anonymization](#) if you believe your name, the names of people included in your file documents, or any part of your file should not become public.

French Language Services and Language Interpretation Services

The Tribunal's website, forms, guides, and materials are available in either English or French. Individuals may provide their written materials to the HRTO in either English or French. Individuals may participate in HRTO proceedings in English, French, American Sign Language (ASL) or Quebec Sign Language (QSL). A person appearing before the HRTO may also use an interpreter for any language. Interpretation services will be provided, upon request, in accordance with [HRTO policy](#).

Human Rights Legal Support Centre

The HRTO cannot assist you in completing your forms or provide legal advice in any way. For free legal assistance with the application process, contact the Human Rights Legal Support Centre (HRLSC); website: www.hrlsc.on.ca; mail: 180 Dundas Street West, 8th floor, Toronto, ON M7A 0A1, Tel: 416-597-4900, Toll-free 1-866-625-5179, TTY 416-597-4903, Toll-free 1-866-612-8627.



Language Preference

The HRTO offers services in both French and English. See HRTO policy on [French Language Services](#).

Check off the box below if you wish to receive French Language services such as having communication and documents sent in French and your events held in French with a bilingual (French and English) Adjudicator.

What is your preferred language? French English

Section 1: Applicant Information (See [Applicant's Guide](#) for more information.)

The HRTO will send materials to you **by email** unless you don't have an email address. A document sent to the email address you provide to us will be considered by the HRTO to have been received by you unless it is returned as undeliverable.

The HRTO may contact you for more information. If the HRTO requires you to respond to a communication and if you do not respond within the time specified, the HRTO may consider that you have abandoned your Application and **it may be dismissed**.

Are you completing this Application for yourself or on behalf of someone else? *

- I am completing this Application by myself and I am representing myself.
- I am completing this Application for myself and I am also authorizing someone to represent me. I understand that if I choose this option, the HRTO and the other parties will send all communication and documents to my representative **only** and not to me. I understand that it is my responsibility to reach out to my representative to get information about my file.
- I am completing this Application as the representative (licensed or unlicensed) for another person, and I am not their Litigation Guardian.
- I am completing this Application as the Litigation Guardian on behalf of a minor. **(Form 4A must also be completed at the bottom of this form or filed separately with the HRTO.)**
- I am completing this Application as the Litigation Guardian for a person without the mental capacity. **(Form 4B must also be completed at the bottom of this form or filed separately with the HRTO.)**

Applicant Information

Name - Last name *	Name - First name *	Name - Middle name
Dyck	Leah	Victoria

Pronouns
 She He They Other:

Email address *
leah.dyck@icloud.com

Check this box if you do not have an email address where you can be reached.

Mailing Address *
 Check this box if you do not have a fixed address.

Unit number	Street number *	Street name *
507	380	Duckworth Street

City *	Province *	Postal code *
Barrie	ON - Ontario	L4M 6J8

Phone Numbers *
 Check this box if you do not have a phone number where you can be reached.

Primary phone number	Secondary phone number	TTY
705-718-0062		

Section 2: Respondent Information (See [Applicant's Guide](#) for more information.)

The respondent is the organization or a person you believe discriminated against you. **Naming unnecessary respondents can complicate and delay your Application.** See the HRTO [Practice Direction on Naming Respondents](#) for more information.

Once the HRTO has determined, on a preliminary basis, that the events described in this Application fall under the jurisdiction of the HRTO, the HRTO will send a copy to the respondent(s) using the contact information you provide below. If possible, please provide an email for the respondent as this is the fastest and preferred method of delivery for the HRTO. **You must provide correct contact information for the respondent(s) or your Application will be deemed incomplete.**

Type of Respondent *

Organization Respondent **Individual Respondent**

Organizational respondents are usually entities such as an employer, landlord, government body, service provider, business, or union. Organizations may be responsible for their employees' actions. For the organization's contact, choose someone that you think has authority to respond to your Application. **Note that that contact person you list in this section will not be considered a respondent unless you also include them under the "Individual Respondent" section.**

Organization respondent

Name of organizational respondent *

[The Ontario Ministry of Children, Community & Social Services \(CCSS\)](#)

Contact last name Pathmanathan	Contact first name Mithila	Contact title Population Analytics & Insights Unit
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Relationship to you (example: your employer, landlord, government body)

[Holder of population information for the county I live in.](#)

Email address *

Mithila.Pathmanathan@ontario.ca

Check this box if you do not have an email address for the organizational respondent.

Mailing Address *

Unit number Box 978	Street number * 77	Street name * Wellesley St., W	Province * ON - Ontario	Postal code * M7A 1N3
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Phone Numbers *

Check this box if you do not have a phone number for the organizational respondent.

Primary phone number 437-990-4034	Secondary phone number	TTY
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Are there any additional respondents? Yes No

Additional Respondent Contact Information

Please choose the type of respondent: Organization Respondent Individual Respondent

Additional respondent 1 (Organization)

Name of organizational respondent

[The Ontario Ministry of Children, Community & Social Services \(CCSS\)](#)

Contact last name Bryant	Contact first name Shaunise	Contact title Manager, Disability Adjudication Uni
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Relationship to you (example: your employer, landlord, government body)

[Government body responsible for processing ODSP applications.](#)

Email address

shaunise.bryant@ontario.ca Check this box if you do not have an email address for the organizational respondent.

Mailing Address

Unit number Box 978	Street number 77	Street name Wellesley St., W
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City Toronto	Province ON - Ontario	Postal code M7A 1N3
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Phone Numbers

 Check this box if you do not have a phone number for the organizational respondent.

Primary phone number 416-326-5079	Secondary phone number	TTY
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Please choose the type of respondent: Organization Respondent Individual Respondent**Additional respondent 2 (Organization)**

Name of organizational respondent

[The Ontario Ministry of Children, Community & Social Services \(CCSS\)](#)

Contact last name Parker	Contact first name Cate	Contact title Senior Manager
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Relationship to you (example: your employer, landlord, government body)

[Holder of population information for the county I live in.](#)

Email address

cate.parker@ontario.ca Check this box if you do not have an email address for the organizational respondent.

Mailing Address

Unit number Box 978	Street number 77	Street name Wellesley St., W
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City Toronto	Province ON - Ontario	Postal code M7A 1N3
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Phone Numbers

 Check this box if you do not have a phone number for the organizational respondent.

Primary phone number 416-327-6101	Secondary phone number	TTY
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Section 3: Location and Date (See [Applicant's Guide](#) for more information.)

Did these events happen in Ontario? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	In what city/town? * Barrie	What was the date of last event? * (dd/mm/yyyy) 28/03/2024
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Your Application must be made within one year of the last incident (event) of discrimination you experienced. If you are filing this form **more than one year** after the last incident of discrimination, you must explain why you were unable to file it within one year in the section below. (Select the box below to add paragraphs.)

- [1. Multiple employees of the CCSS are withholding information.](#)

Section 4: Areas of Alleged Discrimination under the Code (See [Applicant's Guide](#) for more information.)

The Code prohibits discrimination in five areas. Select the area(s) where you believe you have experienced discrimination. See the [Applicant's Guide](#) for more information on each area. *

- Employment
- Housing/Accommodation
- Goods, services and facilities
- Contracts
- Membership in a trade union, trade or occupational association or self-governing profession

Does your Application involve discrimination in any other areas?

- Yes No If yes, specify details below ▼

Other areas where you believe you experienced discrimination:

- Employment Housing/Accommodation Contracts
- Membership in a trade union, trade or occupational association or self-governing profession

Section 5: Grounds of Discrimination under the Code (See [Applicant's Guide](#) for more information.)

The Code includes a list of specific grounds of discrimination. Select the ground(s) that apply to the discrimination you are claiming in this Application. See the [Applicant's Guide](#) for more information on each Code ground. *

- Race
 - Ancestry
 - Place of origin
 - Colour
 - Ethnic origin
 - Citizenship
 - Creed
 - Disability
 - Sex, including pregnancy
 - Sexual harassment, solicitation or advances
 - Sexual orientation
 - Gender identity and/or gender expression
 - Family status (note: family status refers to the status of being in a parent and child relationship)
 - Marital status
 - Age
 - Receipt of public assistance (note: you may only select this if you selected "Housing/Accommodation" in Section 4)
 - Record of offences (note: a record of offences is defined under the Code to mean a conviction for a criminal offence for which a pardon has been granted or a provincial offence; you may only select this if you selected "Employment" in Section 4)
 - Association with a person identified by a ground listed above
 - Reprisal or threat of reprisal
-

Section 6: Facts that Support Your Application (See [Applicant's Guide](#) for more information.)

6.1 What Happened

Describe each event where you allegedly experienced discrimination under the Code. Be specific. Tell your story using numbered paragraphs. Start from the beginning and end on the date of the last event of discrimination. For each event, explain:

- **What** happened;
- **When** it happened (day/month/year);
- **Where** it happened (must have happened in Ontario);
- **How the respondent** was responsible; and
- **How** the event affected you (e.g., financial, social, emotional, mental health, or other effect).

You can use the space provided below OR you can submit an additional document to explain what happened. If you submit an additional document, please name it "Schedule A". If you attach a Schedule A, it will only be accepted if it is **5 pages or less single or double spaced in at least Arial size 12 font** (or the handwritten equivalent).

1. * [When Covid happened, the company I was working for went bankrupt. So I started a charity, wrote my own governing documents because I couldn't afford a lawyer, received charitable status from the CRA, and ended up personally raising +\\$176K in two years and my charity was doing really well.](#)

[But the Barrie Municipal Non-Profit Housing Corporation \(BMNPHC\)'s CEO, Mary-Anne Denny-Lusk hated me for being so good at feeding their hungriest tenants; which were, coincidentally, their poorest tenants who don't pay any rent at all, because of their disabilities. So I had to shut down my charity in January 2024.](#)

[My building, 380 Duckworth street, used to be managed by the BMNPHC. Now it is managed by the SCHC.](#)

[I've gathered screenshots of all our correspondence, which includes commentary, for your review. This explains the situation. I also have everything posted on my website: \[www.FreshFoodWeekly.com\]\(http://www.FreshFoodWeekly.com\)](#)

6.2 Connection to Grounds and Discrimination Claimed

The following section asks you to answer how you believe you were discriminated against because of the grounds you identified. Complete all the sections that apply.

Discrimination or Harassment on the Ground of Disability or Perceived Disability

Describe your disability or perceived disability. *

[My disability is severe ADHD.](#)

Explain why you believe you were discriminated against because of your disability or perceived disability. *

[These people listed as respondents don't think disabled people deserve to receive any social assistance benefits at all. That's why they stopped processing new ODSP applications. They hate people who don't earn a wage. However, these people can't earn a wage because no one will give them a job that pays enough to eat because no body wants to deal with disabled people.](#)

Do you have particular needs related to your disability? *

Yes No

Please provide the time periods you have been impacted as a result of your alleged discrimination.

From (dd/mm/yyyy)

[01/01/2020](#)

To (dd/mm/yyyy)

[10/07/2024](#)

Discrimination or Harassment on the Ground of Sex, including Pregnancy

Identify your sex. *

[Female](#)

Is your Application about discrimination on the ground of pregnancy? *

Yes No

Explain why you believe you were discriminated against because of your sex or a pregnancy. *

I became a resident of the BMNPHC in 2008, after coming from the Women & Children's Shelter. They're discriminating against me for being an abused woman from the shelter, and for then getting "on the system". They think disabled people, especially disabled women, get too much of a handout as it is, and that we don't deserve any more help because too much money is being wasted on people like us as it is.

Section 7: Other Legal Proceedings (See [Applicant's Guide](#) for more information.)

Examples of other proceedings may include but are not limited to a union grievance, WSIB claim, Ministry of Labour proceeding, arbitration, or a proceeding in any court including Small Claims Court. See the [Applicant's Guide](#) for more information.

Is there or has there been another proceeding based on the same events/facts as this Application? *

- No
- Yes – provide the HRTO with a copy of the statement of claim or other document that started the proceeding, and a copy of any decision if it has been completed.

Section 8: Remedy (See [Applicant's Guide](#) for more information.)

If the HRTO concludes that the *Code* was breached, it may award you a remedy. The types of remedies the HRTO may order if discrimination is found include:

- **Monetary (financial) compensation** to you, such as for lost wages or expenses, or injury to your dignity, feelings and self-respect as a result of the discrimination.
- **Non-monetary measures** that benefit you, such as changes to the respondent's policies or requiring a specific accommodation like an accessible washroom or flexible hours.
- **Measures to promote future compliance with the Code** (public interest remedies), such as human rights training or implementing new policies.

What remedies are you asking for? *

- Monetary compensation

Enter the amount requested: * \$ 1.00

Explain how you calculated this amount. *

I have no idea how much they stole since they refuse to give me a breakdown of how they determined my rent rates and they've never given me a financial breakdown in the entire 15 years I've been living there. All I know is they charge way more than 30% of their tenant's earnings. I also have no way of determining the dollar amount for the suffering they've caused. I also have no way of knowing how much more money I could have raised for my charity, if I didn't have to shut it down because they destroyed my reputation, because I plainly posted about their tenant's living circumstances on Facebook.

Non-monetary

- Non-monetary remedy

- Remedy for future compliance (public interest remedy):

Provide details. *

There needs to be an Information Sharing Agreement (ISA) between community health centers and the CCSS because when you receive ODSP, you're starving, and therefore, you need significant social assistance programming just to survive. You also can't afford a phone or internet, so health care practitioners have no way of finding them. The CCSS is the only agency that knows who these people are and where they live. This information must be shared health care teams so they can intervene if something like this ever happens again. Hopefully we can come up with additional measures and penalties to ensure this Ministry never prevents disabled people from getting the few dollars that are available to them.

Section 9: Mediation (See [Applicant's Guide](#) for more information.)

Mediation is an opportunity for you and the respondent(s) to talk with an HRTO adjudicator to try to settle your Application before it goes to a hearing. The HRTO encourages parties to try mediation. Mediation at the HRTO is free, voluntary, confidential, and often the fastest way to resolve your file. If your file is resolved during mediation, you will not need to have a hearing. If your file is not resolved during mediation, there is no negative impact; a different HRTO adjudicator will preside over your hearing, and the mediator will not communicate any information about the mediation to the adjudicator without the parties' consent.

For mediation to take place, all the parties must agree to participate, respect the confidentiality of the process, comply with the HRTO's Rules of Procedure governing the conduct of mediations, and ensure that they, or their representatives, have the authority to make a binding agreement at the mediation.

Do you agree to try mediation? *

- Yes, I have read and agree to the above and would like to try mediation.
- No, I am familiar with mediation and choose not to participate.

Section 10: Declaration and Signature (See [Applicant's Guide](#) for more information.)

Important: Make sure you understand what you are declaring before signing the Application.

To the best of my knowledge, the information in this Application is complete and accurate.

I will participate in proceedings before and communicate with the HRTO in good faith and in a manner that is courteous and respectful of the HRTO, its employees, and other participants in the proceeding. I understand that if I fail to do so and if my conduct becomes an abuse of process, my Application may be dismissed for that reason.

Authorized signature (If filing electronically, type your last name, first name.) *

[Dyck, Leah](#)

Date (dd/mm/yyyy) *

[10/07/2024](#)

You can sign and date your own application, OR it can be signed on your behalf by the authorized, licensed lawyer or paralegal whose contact information is provided in Section 1. See the HRTO's [Practice Direction on Electronic Filing by Licensed Representatives](#) for more information.

- When you file electronically, typing your name and dating your Application represents your signature. Check the box to confirm you understand and agree to this.