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Application Information	
Tribunal File Number:	
Name of Applicant:	
Name of Each Respondent:	
Document Delivery Information	
Party filling this form:	
Name of person completing this form:	
On:(dd/mm/yyyy)	
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(name of form(s) or document(s) that you are declaring you sent, attach additional sheets if necessary)	
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Signature	
By signing my name, I declare that, to the best of my knowledge, the information that is found in this form is complete and accurate.	
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Collection of Information:

You must fill in the date, above.

Under the Ontario *Human Rights Code*, the Human Rights Tribunal of Ontario (HRTO) has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the HRTO uses your personal information, contact the HRTO at 416-326-1312 or 1-866-598-0322 (toll-free.)

Please check this box if you are filing your Statement electronically. This represents your signature.

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