



# Human Rights Accommodation Request Form

Event Name: \_\_\_\_\_ Date: (mm/dd/yyyy) \_\_\_\_\_

Note: *This form is to be completed only if you are requesting an accommodation in accordance with the Ontario Human Rights Code. Sufficient information must be provided to prove the need for the accommodation and to show a link to a code-related ground. If necessary, an Equity Unit Officer will contact you to obtain further information.*

Member Name: \_\_\_\_\_ Local #: \_\_\_\_\_

Phone # for contact: \_\_\_\_\_ Email: \_\_\_\_\_

How do you prefer to be contacted?  Phone  Email

1. Do you have an existing human rights accommodation approved by the Equity Unit (i.e. you have submitted a request form before)? (Check one.)

- a) Yes; and I need the same human rights accommodation as previously approved
- b) Yes; but I require changes to my previously approved human rights accommodation
- c) No; I have never been approved for a human rights accommodation

Note: *If you checked (a) above, you do not need to complete the rest of the form but the form still needs to be submitted. If you checked (b) or (c), please finish the form.*

2. Please check all the Code-related grounds related to your request:

- Disability (including food allergy)
- Family Status
- Sex / gender (including pregnancy)
- Creed or religion

Other (please specify) \_\_\_\_\_

3. Why do you require a human rights accommodation (i.e. what are your restrictions or limitations)? Please be as detailed as possible.

Note: *All information is kept confidential except where necessary to arrange the accommodation or to process expense claims.*

---

4. Do you need this human rights accommodation for this event only or for all future union events? (Check one.)

- For this event only  
 For all future union events

---

5. What type of human rights accommodation or additional arrangement do you require to allow you to participate fully in union-related activities? (e.g. assistance during emergency evacuation, material in alternate formats, interpreters, arrangement / expenses beyond those provided at the event or through OPSEU policy). Please be as detailed as possible.

---

6. Please provide any additional information that may assist us in reviewing your request. (Attach any relevant documents.)

---

Signature of Member

\_\_\_\_\_

Please forward completed forms to :

by fax at :

or by email :

no later than :

Alternatively, this form may be sent directly to the Equity Unit via fax at 416-448-7419 or via email to [equity@opseu.org](mailto:equity@opseu.org).

*Note: All information is kept confidential except where necessary to arrange the accommodation or to process expense claims.*