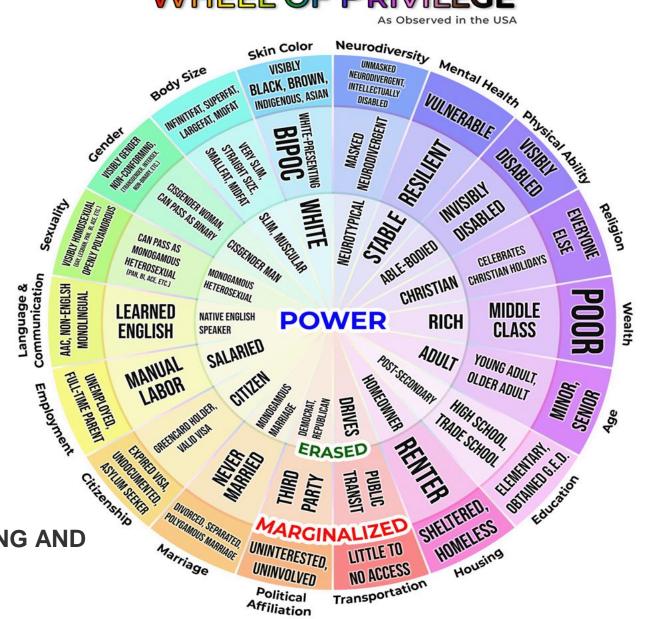


Workshop 2

Clearing the
Underbrush:
Innovating and
Improving
the User Experience

INTERSECTIONALITY WHEEL OF PRIVILEGE



CLEARING THE UNDERBRUSH: INNOVATING AND IMPROVING USER EXPERIENCE

EXAMPLE OF DYNAMIC FORM QUESTIONS

Canadian Human Rights Commission Complaints Services Branch Krista DiZazzo, Senior Advisor

Redirection to a provincial human rights organization based on answers received

Who were you dealing with? (required) * Hospital **Previous Question Next Question** Where did this happen? (required)*

Ontario

Previous Question

Next Question

Next Step:

Based on your answers, we suggest that you submit your complaint to the human rights organization in your territory.

Click on the button to be directed there now.

Human Rights Tribunal of Ontario

Different questions open in response to answers entered by service user

Part 6-B - Discriminatory practice(s): Tell us what happened

Click for more details

What is the negative treatment you are complainin	g about? *
I was fired	
I was demoted	
I was not hired	
I was not promoted	
I was harassed at work	
I was harassed when accessing a service	
I was treated differently than others	
I was denied a service	
I had accessibility problems or I was denied a workplace ac	commodation that I required
I had accessibility problems or I was denied an accommode	ation that I require to receive a service
I was retaliated against for filing a complaint with the Comp	nission
Other	

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Discriminatory practice:

Where did it happen? *

I was treated differently than others

Who was involved? *	
What happened? *	
Explain how you were treated differently than other people. * 500 character(s) remaining	

Part 6-B - Discriminatory practice(s): Tell us what happened

Click for more details

What is the negative treatment you are complaining about? *
I was fired
I was demoted
I was not hired
I was not promoted
I was harassed at work
I was harassed when accessing a service
I was treated differently than others
I was denied a service
I had accessibility problems or I was denied a workplace accommodation that I required
I had accessibility problems or I was denied an accommodation that I require to receive a service
I was retaliated against for filing a complaint with the Commission
Other

Discriminatory practice:

▶I was retaliated against for filing a complaint with the Commission

What is your previous Commission complaint file number? *
What is the date we notified the Respondent of your complaint? *
The Commission can only accept a retaliation complaint if it is about treatment that happened after we told the Respondent about a previous complaint you filed against them.
yyyy-mm-dd 🗖
Who was involved? *
What happened? *
500 character(s) remaining

Part 8 - Accommodations

Do you, your Representative, or your alternate contact need accommodation to participate in the Complaint Process? ③ *
Yes No
Who has an access need? (select all that apply) *
✓ I have an access need.
My Representative has an access need.
My Alternate Contact has an access need.
I have an access need: What specific accommodation is needed? *
500 character(s) remaining