



## When to request accommodation using this Form

Only use this form to request accommodation from the Tribunal if:

1. the request does not require a Form 7.1 – General Application with notice to other parties; and
2. the Case Manager cannot deal with the request.

Before you complete this form, read the [Accommodation Policy](#) and consult this guide:

<b>Accommodation request</b>	<b>What to do</b>
<b>Extra time throughout process</b>	
Throughout the process, extra time to respond (longer deadlines)	Use Form 10
<b>Extra time after deadline set</b>	
Extend deadline up to two months	Contact case manager
Extend deadline longer than two months, if other party agrees	Contact case manager
Extend deadline longer than two months, if other party does not agree	Use Form 7.1
Put the complaint process on hold (called a deferral)	Use Form 7.1
<b>Mediation, conference calls, hearings</b>	
Extra time in a mediation, call, or hearing	Contact case manager



Interpreter for mediation, hearing, or call with the Tribunal	Contact case manager
Change a mediation date	Contact case manager
Change a hearing date (called an adjournment)	Use Form 7.1
Bring a support person	Contact case manager
Private room during mediation or hearing	Use Form 10
<b>Other requests</b>	
Accessible format for forms or other documents	Contact case manager or use form 10
Interpreter or translation for other parts of process	Use Form 10
Requests not listed above	Use Form 10
Representation or legal help	For support of these kinds, visit our <a href="#">Who Can Help</a> page on our website.



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Phone: [\(604\) 775-2000](tel:6047752000)

Fax: [\(604\) 775-2020](tel:6047752020)

Toll Free: [1-888-440-8844](tel:18884408844)

TTY: [\(604\) 775-2021](tel:6047752021)

Email: [BCHumanRightsTribunal@gov.bc.ca](mailto:BCHumanRightsTribunal@gov.bc.ca)

Website: [bchrt.bc.ca](http://bchrt.bc.ca)

Tribunal stamp
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### Instructions

This form has 6 steps. Complete each step. You may attach up to 1 extra page. Print clearly. Use a black or blue pen.

Send your completed form to the Tribunal. Put Accommodation Request in the subject line.

You do not need to send a copy of this form to the other parties at this time.

### Complaint this request is about, if applicable:

Parties' names:	Tribunal case number:
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### Name of person requesting accommodation:

First name:	Last name:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> Not listed: _____	
Pronoun: <input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They <input type="checkbox"/> Not listed: _____	



**Person completing this form if different from above:**

First name:	Last name:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> Not listed: _____	
Pronoun: <input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They <input type="checkbox"/> Not listed: _____	
Name of Organization helping to make this request, if applicable:	

**Step 1 – Identify any urgency about your request for accommodation:**



**Step 2 – Describe the accommodation you are requesting**

<input type="checkbox"/>	Accessible format for forms or other documents. Describe:	<hr/> <hr/>
<input type="checkbox"/>	Throughout the process, extra time to respond (longer deadlines). Do not use this form to ask to extend a deadline that is already set. Describe:	<hr/> <hr/> <hr/>
<input type="checkbox"/>	Interpreter or translation for parts of process other than mediation, case conference, or hearing. Describe:	<hr/> <hr/>
<input type="checkbox"/>	Private room during mediation or hearing. Describe:	<hr/>
<input type="checkbox"/>	Other:	<hr/> <hr/> <hr/> <hr/>



### **Step 3 – Identify the reason for the accommodation**

Briefly explain how the specific accommodation you are requesting is necessary and reasonable for you to access the services of the Tribunal:

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### **Step 4 – Supporting documentation**

If your request for accommodation relates to a medical or mental health reason, documentation from a treating medical or mental health professional may help the Tribunal to consider your request.

List documents you are attaching to support your request for accommodation:

#### **Document #1**

Description of Document:
Date of Document:

#### **Document #2**

Description of Document:
Date of Document:

**Total number of pages attached:**

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**Step 5 – Consent to share information with third party**

<input type="checkbox"/>	I consent to the Tribunal sharing the information in this form and supporting documentation with a third party for the purpose of identifying necessary and reasonable accommodation.
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**Step 6 – Provide contact information for this request**

Phone number (primary):	Phone number (secondary):
Address:	
City:	
Province:	Postal code:
Email address:	

**Privacy notice**

If the Tribunal provides an accommodation, it will record the accommodation granted on your complaint file and may tell the other parties that it granted the accommodation.

Unless you consent to sharing the information with the other parties:

- a. the Tribunal will not give the information you provide with this form to the other parties, and
- b. the Tribunal will store the information you provide with this form separately from a complaint file, if applicable.