



## Annex D: Discriminatory practice

(Paragraph 21 h) of the [Agreement<sup>1</sup>](#))

### Definition

Claims alleging a discriminatory practice as defined under the [Canadian Human Rights Act<sup>2</sup>](#) (CHRA) due to Phoenix pay issues, including but not limited to issues related to maternity, parental or disability leave. The employee must demonstrate that they:

1. have a characteristic protected from discrimination under the CHRA (e.g. sex, disability, or family status);
2. experienced an adverse impact due to an issue with their pay stemming from the Phoenix pay system; **and**
3. the protected characteristic was a factor in the adverse impact.

The threshold of \$1,500 **applies** to these claims.

### Supporting documentation

Please only include information and documents that are relevant to your claim. The following must be submitted with this claim form, as applicable:

- documented evidence to establish a case of discrimination. This can include pay file, pay action requests, emails, records of discussions or any other applicable documents.
- evidence of pain and suffering to help us measure the impact of the discrimination. This can include medical certificates, emails to manager, a personal attestation, sick leave records and any other applicable documents.

### Privacy notice statement

The personal information requested in this form is collected under the authority of the *Financial Administration Act*. The information submitted via this form will be combined with pay information in a database of pay information held within the Treasury Board of Canada Secretariat (TBS) in order to:

- determine eligibility
- \* assess your payment amount in accordance with the Damages Agreement

Refusal to provide the requested personal information will result in TBS not being able to process the claim.

The information you provide will be validated against a database of pay information held within TBS in order to:

- confirm eligibility
- \* calculate recommended payments based on claim information

<sup>1</sup> Agreement of the Damages Caused by the Phoenix Pay System, <https://www.canada.ca/en/treasury-board-secretariat/topics/pay/phoenix-pay-system/damages-caused-phoenix-pay-system.html>

<sup>2</sup> Canadian Human Rights Act, <https://laws-lois.justice.gc.ca/eng/acts/h-6/>

If your claim is accepted and a payment is issued to you, your Social Insurance Number (SIN) will be obtained from the Public Services and Procurement Canada (PSPC) database of pay information in order to issue you a T4 and/or RL-1 tax slip and will be shared with Canada Revenue Agency and/or Revenu Québec for income tax purposes. The Personal information you provide is being collected by the TBS Claims Office and may be shared with PSPC and the last federal organization of employment for that organization to issue payment. Personal information will be protected, used and disclosed in accordance with the *Privacy Act* and as described in Personal Information Bank TBS PCE 742 (Claims and Compensation for damages related to the Phoenix Pay System) and in Personal Information Bank PSU 931 (Accounts Payable). Your information may also be used or disclosed for financial reporting and program evaluation. Under the *Privacy Act*, individuals have a right to access and correct their personal information. If you wish to avail yourself of these rights or require clarification about this privacy notice statement, please contact the TBS Access to Information and Privacy Coordinator by email at [atip.aiprp@tbs-sct.gc.ca](mailto:atip.aiprp@tbs-sct.gc.ca). If you are not satisfied with the response to your privacy concern, you may wish to communicate with the Office of the Privacy Commissioner by telephone at 1-800-282-1376 or by email at [info@priv.gc.ca](mailto:info@priv.gc.ca).

**I certify that I have read this privacy notice statement**

**I consent to the disclosure of my personal information to the entities listed above for the purposes of processing my claim**

## To be completed by the claimant

If you have an existing claim for Severe Impacts and Other Demonstrable Cases Caused by the Phoenix Pay System, ensure your claim number is added to each annex and each supporting document that you include in this submission.

**Claim number:**

1. **On which of the grounds listed below do you believe you were discriminated against due to your Phoenix pay issue? Please check off any box that applies to your situation.**

**Sex**

**Disability**

**Religion**

**Marital status**

**Family status**

**Other (Please specify)**

2. **Please complete the table below to provide a chronology of events with dates in relation to your pay issues and how those issues relate to a discriminatory action or treatment.**

<b>Date (yyyy-mm-dd)</b>	<b>Pay issue</b>	<b>Relation of issue to a discriminatory action</b>

3. **Did you receive an emergency salary advance or was any other action taken by your manager or organization to mitigate your situation?**

Yes

No

**Please provide a detailed explanation.**

**4. Did you experience pain and suffering\* as a result of a discriminatory action or treatment?**

Yes                    No

\* To be eligible for “pain and suffering” damages, you must have experienced pain and suffering that went beyond mere annoyance

**If yes, please provide a detailed explanation as well as supporting documentation.**

**5. Did you incur expenses directly associated with a discriminatory action or treatment (i.e. fees for professional services, financial penalty costs, etc.)?**

Yes                    No

If yes, please complete the following table. Please ensure supporting documentation is provided.

Date (yyyy-mm-dd)	Amount paid	Description of expense or fee

**Reminder:** Claimants may submit a claim for compensation under more than one category of damages.  
Please complete all annexes of this form that apply to your situation.