



The [Applicant's Guide](#) includes step by step instructions to complete this form. You are encouraged to use the Applicant's Guide when you complete this form.

Language Preference

The HRTO offers services in both French and English. See HRTO policy on [French Language Services](#).

Check off the box below if you wish to receive French Language services such as having communication and documents sent in French and your events held in French with a bilingual (French and English) Adjudicator.

What is your preferred language? ☐ French ☒ English

Section 1: Applicant Information (See [Applicant's Guide](#) for more information.)

The HRTO will send materials to you **by email** unless you don't have an email address. A document sent to the email address you provide to us will be considered by the HRTO to have been received by you unless it is returned as undeliverable.

The HRTO may contact you for more information. If the HRTO requires you to respond to a communication and if you do not respond within the time specified, the HRTO may consider that you have abandoned your Application and **it may be dismissed**.

Are you completing this Application for yourself or on behalf of someone else? *

- ☒ I am completing this Application by myself and I am representing myself.
- ☐ I am completing this Application for myself and I am also authorizing someone to represent me. I understand that if I choose this option, the HRTO and the other parties will send all communication and documents to my representative **only** and not to me. I understand that it is my responsibility to reach out to my representative to get information about my file.
- ☐ I am completing this Application as the representative (licensed or unlicensed) for another person, and I am not their Litigation Guardian.
- ☐ I am completing this Application as the Litigation Guardian on behalf of a minor. **(Form 4A must also be completed at the bottom of this form or filed separately with the HRTO.)**
- ☐ I am completing this Application as the Litigation Guardian for a person without the mental capacity. **(Form 4B must also be completed at the bottom of this form or filed separately with the HRTO.)**

Applicant Information

Name - Last name *

[Korstanje](#)

Name - First name *

[Jennifer](#)

Name - Middle name

Section 2: Respondent Information (See [Applicant's Guide](#) for more information.)

The respondent is the organization or a person you believe discriminated against you. **Naming unnecessary respondents can complicate and delay your Application.** See the HRTO [Practice Direction on Naming Respondents](#) for more information.

Once the HRTO has determined, on a preliminary basis, that the events described in this Application fall under the jurisdiction of the HRTO, the HRTO will send a copy to the respondent(s) using the contact information you provide below. If possible, please provide an email for the respondent as this is the fastest and preferred method of delivery for the HRTO. **You must provide correct contact information for the respondent(s) or your Application will be deemed incomplete.**

Type of Respondent *

- ☒ **Organization Respondent** ☐ **Individual Respondent**

Organizational respondents are usually entities such as an employer, landlord, government body, service provider, business, or union. Organizations may be responsible for their employees' actions. For the organization's contact, choose someone that you think has authority to respond to your Application. **Note that that contact person you list in this section will not be considered a respondent unless you also include them under the "Individual Respondent" section.**

Organization respondent

Name of organizational respondent *

[The Grimsby Independent News](#)

Contact last name	Contact first name	Contact title
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Are
Ad
Ple

Additional respondent 1 (Individual)

Name - Last name	Name - First name	Name - Middle name
Sharpe	Dave	

Please choose the type of respondent: ☐ Organization Respondent ☒ Individual Respondent

Additional respondent 2 (Individual)

Name - Last name	Name - First name	Name - Middle name
Storey	Duncan	

Section 3: Location and Date (See [Applicant's Guide](#) for more information.)

Did these events happen in Ontario? *	In what city/town? *	What was the date of last event? * (dd/mm/yyyy)
☒ Yes ☐ No	Grimsby	27/07/2025

Your Application must be made within one year of the last incident (event) of discrimination you experienced. If you are filing this form **more than one year** after the last incident of discrimination, you must explain why you were unable to file it within one year in the section below. (Select the box below to add paragraphs.)

1.
-

Section 4: Areas of Alleged Discrimination under the Code (See [Applicant's Guide](#) for more information.)

The Code prohibits discrimination in five areas. Select the area(s) where you believe you have experienced discrimination. See the [Applicant's Guide](#) for more information on each area. *

- ☐ Employment
- ☐ Housing/Accommodation
- ☒ Goods, services and facilities
- ☐ Contracts
- ☐ Membership in a trade union, trade or occupational association or self-governing profession

Does your Application involve discrimination in any other areas?

- ☐ Yes
- ☒ No

Section 5: Grounds of Discrimination under the Code (See [Applicant's Guide](#) for more information.)

The Code includes a list of specific grounds of discrimination. Select the ground(s) that apply to the discrimination you are claiming in this Application. See the [Applicant's Guide](#) for more information on each Code ground. *

- ☐ Race
 - ☐ Ancestry
 - ☐ Place of origin
 - ☐ Colour
 - ☐ Ethnic origin
 - ☐ Citizenship
 - ☐ Creed
 - ☐ Disability
 - ☒ Sex, including pregnancy
 - ☐ Sexual harassment, solicitation or advances
 - ☐ Sexual orientation
 - ☐ Gender identity and/or gender expression
 - ☐ Family status (note: family status refers to the status of being in a parent and child relationship)
 - ☐ Marital status
 - ☐ Age
 - ☐ Receipt of public assistance (note: you may only select this if you selected "Housing/Accommodation" in Section 4)
 - ☐ Record of offences (note: a record of offences is defined under the Code to mean a conviction for a criminal offence for which a pardon has been granted or a provincial offence; you may only select this if you selected "Employment" in Section 4)
 - ☒ Association with a person identified by a ground listed above
 - ☐ Reprisal or threat of reprisal
-

6.1 What Happened

Describe each event where you allegedly experienced discrimination under the Code.

1. * I am a municipal councilor who has experienced ongoing and targeted gender discrimination by The Grimsby Independent News (GIN), a local media outlet. GIN has engaged in a sustained pattern of discriminatory reporting rooted in gender bias and retaliation for my public advocacy on behalf of marginalized groups, particularly people with disabilities and 2SLGBTQIA+.

As a public-facing service provider under the Ontario Human Rights Code, GIN has failed to uphold its duty to provide non-discriminatory services. Through its reporting and online platforms, GIN has created a threatening environment for me as an elected official, as a woman, and as an advocate for equity.

GIN's coverage relies on gender-coded language which is repeatedly used to undermine and delegitimize concerns—particularly around safety in political spaces—and casts doubt on my credibility.

2. * GIN has claimed that I incite “hate towards local men” and that “boogey-men” are needed for my false narrative. They refer to me as a “spin twin” and “Thelma and Louise”. Additionally, I am referred to as one of the “witches of ward 3”. Male colleagues are not subjected to the same framing or amount of scrutiny. In addition, GIN has repeatedly portrayed my disability-related advocacy as overreach or disruption, suggesting that my work to support accessible housing, inclusion, and tenant rights is excessive or politically self-serving. They claim my “emotions cloud judgment”. They refer to my advocacy as “personal crusades” and not municipal priorities.

The news media outlet's failure to moderate harmful online comments on its platforms further contributes to a toxic and discriminatory environment. These comment sections have amplified sexist narratives and enabled public ridicule.

3. * “You need to REMOVE these two haridans!!!”
“The gerontophobic misandrist spin team pulled the post before the good townsfolk got a chance to read the morning news... witches of ward 3.”
“probably recommended an access ramp!” — a mocking comment clearly targeting my support for accessibility

The discrimination I have experienced is twofold: based on my gender and based on my visible and persistent advocacy for marginalized groups. This retaliation and inequitable treatment are in direct violation of Section 1 of the Ontario Human Rights Code.

The articles are in stark contrast to those of the male colleagues (rarely focused on) who are described as “unfiltered honesty” and “endearing”.

4. * This appendix supports Section 4 of the HRT0 Form 1 application.
It documents the repeated use of gender-coded language and discriminatory framing by The Grimsby Independent News (GIN), which targets on the basis of gender and advocacy for marginalized communities. The reporting reflects patterns of tone policing, credibility undermining, and unequal media treatment compared to male counterparts.
Article Title Date Gender-Coded Language Discriminatory Impact
Councillor Claims It's 'Unsafe' in Grimsby Politics — But for Whom, Exactly? July 27, 2025
"Dramatic statement", "claims" Tone-policing and credibility undermining; dismisses legitimate safety concerns by portraying emotionality.
-
5. * Ward 3 Woes: Why Some Voters Are Losing Patience March 18, 2025 "Personal crusades", "blurring priorities" Frames advocacy for tenants and people with disabilities as irrational and self-serving; ignores systemic inequities.
Accountability or Antagonism? The Fight Over Bill 9 July 4, 2025 "Combative", "self-pitying" Paints assertive testimony as emotional volatility; labels principled resistance as victimhood.
From Advocacy to Overreach? April 15, 2025 "Emotions could cloud judgment", "inserts herself" Evokes traditional stereotypes of women as overemotional and meddling; undermines professional credibility.
-

6.2 Connection to Grounds and Discrimination Claimed

The following section asks you to answer how you believe you were discriminated against because of the grounds you identified. Complete all the sections that apply.

Discrimination or Harassment on the Ground of Sex, including Pregnancy

Identify your sex. *

female

Is your Application about discrimination on the ground of pregnancy? *

☐ Yes ☒ No

Explain why you believe you were discriminated against because of your sex or a pregnancy. *

target me with gender coded language, incite gender based resentment, minimize my safety concerns which they incite and frame them as emotional and self serving, disproportionate coverage as compared to male colleagues, allow commentary questioning my gender

Discrimination on the Ground of Association

Complete this section if you believe that you were discriminated against because the respondent(s) associated you with a person or persons identified by a prohibited ground of discrimination in the Code.

Explain why you believe you were discriminated against because of an association, relationship, or dealings with a person or persons identified by a prohibited ground of discrimination. *

They have accused me spreading misinformation when advocating for 2SLGBTQIA+, they have made derogatory and encouraged derogatory comments about my advocacy in the commentary of their articles.

Section 7: Other Legal Proceedings (See [Applicant's Guide](#) for more information.)

Is there or has there been another proceeding based on the same events/facts as this Application? *

☒ No
☐ Yes – provide the HRT0 with a copy of the statement of claim or other document that started the proceeding, and a copy of any decision if it has been completed.

Section 8: Remedy (See [Applicant's Guide](#) for more information.)

If the HRTO concludes that the *Code* was breached, it may award you a remedy.

What remedies are you asking for? *

- ☒ Monetary compensation

Enter the amount requested: * \$ 75,000.00

Explain how you calculated this amount. *

3 years of ongoing defamation and targeted discriminatory harassment, irreversable reputational harm

- ☒ Non-monetary remedy

Provide details. *

full retraction and published apology of all articles, human rights training

- ☒ Remedy for future compliance (public interest remedy):

Provide details. *

declaration of discrimination from Tribunal

Section 9: Declaration and Signature (See [Applicant's Guide](#) for more information.)

Important: Make sure you understand what you are declaring before signing the Application.

To the best of my knowledge, the information in this Application is complete and accurate.

Authorized signature (If filing electronically, type your last name, first name.) *

Jennifer Korstanje

Date (dd/mm/yyyy) *

28/07/2025

You can sign and date your own application, OR it can be signed on your behalf by the authorized, licensed lawyer or paralegal whose contact information is provided in Section 1. See the HRTO's [Practice Direction on Electronic Filing by Licensed Representatives](#) for more information.

- ☒ When you file electronically, typing your name and dating your Application represents your signature. Check the box to confirm you understand and agree to this.

Collection of Information:

The Human Rights Tribunal of Ontario (HRTO) has the right under the *Human Rights Code* and the *Statutory Powers Procedure Act* to collect the information requested on this form to fulfill its legislative mandate. After you file the form, all information related to the proceeding may become publicly available in a tribunal decision, order, or other document, in accordance with Tribunals Ontario's Access to Records Policy and the *Tribunal Adjudicative Records Act, 2019*. Parties wanting records or information to remain confidential must seek a confidentiality order from an adjudicator. If you have questions about confidentiality orders or access to records, please contact us by email at HRTO.registrar@ontario.ca or at 416-326-1312 or 1-866-598-0322 (toll-free).



Tribunals Ontario

Human Rights Tribunal of Ontario

15 Grosvenor St., Ground Floor
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HRTO FILE: **2025-62465-I**

August 5, 2025

Via email:

Jennifer Korstanje



Dear Jennifer Korstanje:

Reference: Notice of Incomplete Application

The Human Rights Tribunal of Ontario (HRTO) has reviewed your Application filed on **July 29, 2025**.

You are being sent this Notice to inform you that your Application is not complete and cannot be processed by the HRTO.

To process your Application, the HRTO requires the following:

1. Please answer the incomplete Application question outlined in the enclosed Request for Additional Information. Do not include attachments unless the questions direct you to do so. Ensure that your answers for each question are clear, complete and concise. Please be advised that your response may not be reviewed if it is illegible.
2. Sign and date the Request for Additional Information to Complete Application and return it with your answers to the questions to the HRTO by email at hrt.registrar@ontario.ca by no later than **August 26, 2025**. Include the HRTO file number and "Response to Notice of Incomplete Application" in the subject line.

If you cannot send your answers by email, please send them by mail or courier to:

Human Rights Tribunal of Ontario
c/o Registrar
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6

The HRTO will review your answers. If you send the HRTO all the missing information by the above noted due date, your Application will be accepted as complete and considered filed as of the date the HRTO first received it.

If your file is administratively closed, this does not prevent you from re-filing your Application once you complete it. If you do, your Application will be given a new file number and filing date. Please bear in mind that your completed application is to be filed **within one year** of the last incident of alleged discrimination as defined under section 34 of the *Human Rights Code*.

RESOURCES

Attached you will find a copy of the HRTO's [Applicant's Guide](#), which includes step-by-step instructions for filing an Application (Form 1 or 1G), what happens next in the HRTO's process and other resources and important information.

The HRTO's Forms, Rules of Procedure, Guides, Practice Directions and Policies are available online at <https://tribunalsontario.ca/hrto/>, in print and in many accessible formats. For a copy of these documents or to ask about the status of your Application, contact the HRTO by email at hrto.registrar@ontario.ca, by phone at 416-326-1312 or toll free 1-866-598-0322, TTY 1-800-855-0511 or TTY toll free 1-800-855-0511.

Please note that HRTO staff cannot give you legal advice or help you in complete forms or make submissions to the HRTO.

If you need legal assistance or advice, please contact the Human Rights Legal Support Centre (HRLSC). The HRLSC is a free service that offers human rights legal services to applicants in Ontario for matters related to the *Human Rights Code*, R.S.O. 1990, c. H.19, as amended (the *Code*). They can help you understand your rights under the *Code*, provide legal assistance in filing applications at the HRTO and provide legal representation at HRTO proceedings such as mediation or hearings. The HRLSC's contact information is the following:

Website: hrlsc.on.ca/en

Telephone (toll-free): 1-866-625-5179

Telephone (Toronto): 416-597-4900

TTY (toll-free): 1-866-612-8627

TTY (Toronto): 416-597-4903

Sincerely,

Office of the Registrar
Human Rights Tribunal of Ontario



Tribunals Ontario

Human Rights Tribunal
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Tribunaux décisionnels Ontario

Tribunal des droits de la personne
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15, rue Grosvenor, rez-de-chaussée
Toronto (ON) M7A 2G6

REQUEST FOR ADDITIONAL INFORMATION TO COMPLETE APPLICATION

HRTO File: **2025-62465-I**

Date of Filing: ***July 29, 2025***

Please complete, sign and return the following pages to the HRTO by no later than August 26, 2025.

Do **not** submit a new Form 1 or resubmit your Form 1 to answer the incomplete Application question below.

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Section 2: Respondent Information

Additional respondent 2 (Individual)

Remove (~)

Name - Last name

Storey

Name - First name

Duncan

Name - Middle name

You must provide the following information for the above noted Respondent:

Mailing Address:

1. Unit number:
2. Street number:
3. Street name:
4. City:
5. Province:
6. Postal code:
7. Phone Numbers:

Note – The HRTTO will not proceed with an Application against a respondent without a current, complete and accurate address. If you have listed multiple respondents in your Application, and you do not provide the information requested above, the HRTTO will only proceed with the Application against the respondent(s where a current, complete and accurate address has been provided.

Do not sign below until you are sure that you can make the declaration included in your Application. If you are returning this Request for Additional Information electronically, type in your name (last name, first name) and the date. Then check the box below that represents your signature.

For more information, see the [Applicant's Guide](#).

Applicant's Signature

Date

☐ Put an X in this box if you are returning this electronically. This represents your signature.



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Date

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