



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

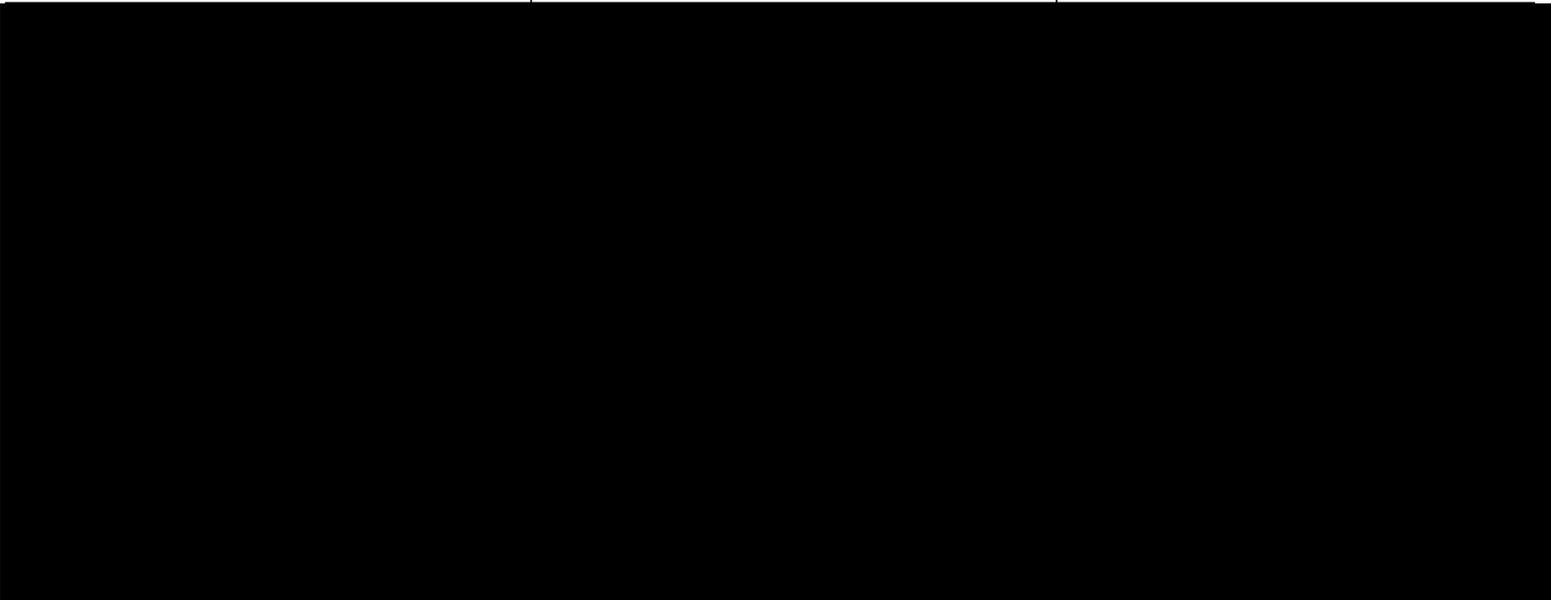
Name - Last name *

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

Individual respondent

Name - Last name *

[Sharpe](#)

Name - First name *

[Dave](#)

Name - Middle name

Are there any additional respondents? Yes No

Additional Respondent Contact Information

Please choose the type of respondent: Organization Respondent Individual Respondent

Additional respondent 1 (Organization)

Name of organizational respondent

[The Grimsby Independant News \(The GIN\)](#)

Please choose the type of respondent: Organization Respondent Individual Respondent

Additional respondent 2 (Individual)

Name - Last name

Storey

Name - First name

Duncan

Name - Middle name



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

Did these events happen in Ontario? * <input checked="" type="radio"/> Yes <input type="radio"/> No	In what city/town? * Grimsby	What was the date of last event? * (dd/mm/yyyy) 04/09/2025
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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

Section 6: Facts that Support Your Application (See [Applicant's Guide](#) for more information.)

6.1 What Happened

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

1. * [The respondents have participated in reprisal due to receiving a claim of discrimination against them. They have published and distributed an online article which ridicules me for filing and mischaracterizes my requested remedy. This has resulted in threats against my safety, a multitude of disparaging transphobic commentary against me, public humiliation and harassment. The articles has been distributed with my name and photo into several online groups for thousands of people to target me as a direct result of filing a claim.](#)
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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.

Reprisal

Why do you believe that the respondent(s) did something to punish you for exercising your rights under the Code? Check all that apply. *

- I claimed or enforced my rights under the Code.
- I refused to infringe on another person's rights under the Code.
- I started or took part in a human rights proceeding. (Specify details below.) ▼

What was the nature of the human rights proceeding and what was your role in it? *

[I am an applicant in a claim against them](#)

Provide the name and/or file number for that proceeding, if available.

[2025-62465-1](#)

Provide details on how you were reprimed against. *

[an article ridiculing my filing with a photo was distributed among thousands of residents which have resulted in death threats, transphobic commentary against me and public disparaging](#)

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 HRTO 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.
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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: * \$ 50,000.00

Explain how you calculated this amount. *

permanent damage to professional reputation and threats

Non-monetary remedy

Remedy for future compliance (public interest remedy):

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) *

07/09/2025

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).