



The Human Rights Review Tribunal

For more information visit www.justice.govt.nz/tribunals

Statement of Claim

Office use only: **HRRT No** _____

(under the Human Rights Act 1993)



What is this form for?

Use this form if you have a claim under sections 92B(1), 92B(3), 92B(4), and 97 of the Human Rights Act 1993 and its amendments.

Important Information

1. Please print in CAPITAL LETTERS
2. You need to file this claim form, along with three additional copies, by posting them to the Secretary of the Tribunal, address at the end of this form. If you are filing a claim against two or more defendants, you must add an extra copy for each additional defendant.
For example: 1 defendant = 1 original + 3 copies; 2 defendants = 1 original + 4 copies; 3 defendants = 1 original + 5 copies, and so on.

Please fill in all sections below

Part 1: Plaintiff(s)

First plaintiff

Surname(s)

First name(s)

or company name

Occupation:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Who should we contact about matters involving this claim? (Please tick one)

- Contact me (First plaintiff) Contact my representative (if applicable, please complete the representative section)

First plaintiff's representative

The plaintiff is being represented by: (please tick one)

- The Director of Human Rights Proceedings
 Other (please provide your representative's details below):

Representative's full name:

Company name (if applicable):

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Second plaintiff (if relevant)

Surname(s)

First name(s)

or company name

Occupation:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Who should we contact about matters involving this claim? (Please tick one)

Contact me (Second plaintiff)

Contact my representative

Second plaintiff's representative

The plaintiff is being represented by: (please tick one)

The Director of Human Rights Proceedings

Other (please provide your representative's details below):

Representative's full name:

Company name (if applicable):

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Part 2: Defendant(s)

Who are you filing this claim against? If there is more than one defendant, fill out one section for each defendant. If you need additional space, please attach a separate sheet of paper.

First defendant

Full name:

or Company name:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Second defendant (if applicable)

Full name:

or Company name:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Third defendant (if applicable)

Full name:

or Company name:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Fourth defendant (if applicable)

Full name:

or Company name:

Address for service

Street:

Suburb:

City/town:

Post code:

Contact details

Daytime contact phone number: ()

Mobile:

Email address:

Part 3: Relevant provisions of the Human Rights Act 1993

Specify the provisions of the Human Rights Act 1993 which you consider to have been contravened.

Take notice that the plaintiff says that the defendant has (or the defendants have) contravened the following provisions of the Human Rights Act 1993.

Please tick to confirm the following:

I (the plaintiff) have complained to the Human Rights Commission but the complaint has not been resolved. (please supply evidence)

Part 4: Facts of the case

What do you say the defendant has done or not done (or the defendants have done or not done) that contravened the provisions of the Human Rights Act 1993 in your case?

State briefly and clearly the facts giving rise to your claim such as:

- When (date and time) did this happen?
- Where did this happen?
- Who was involved?
- What have the consequences been for you as a result of the alleged infringement?

Please state each allegation in a separate numbered paragraph.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Part 5: What order(s) do you want the Tribunal to make?

With reference to sections 92I to 92W of the Human Rights Act 1993, please state the particular orders that you want the Tribunal to make. If you are claiming a sum of money, specify the amount and show how this amount was reached. If you need additional space, please attach a separate sheet of paper.

Take further notice that at a date and time to be fixed by the Chairperson of the Human Rights Review Tribunal you (the plaintiff) will ask the Tribunal to make the following orders:

1.

2.

3.

First plaintiff's signature	Date	/	/	(day / month / year)
Second plaintiff's signature	Date	/	/	(day / month / year)

Part 6: Checklist


Before you submit this form please check that:

- You have answered every question
- You have signed and dated this form

You have attached the following documents:

- Multiple copies of your claim form (as per calculation outlined at the beginning of this form)
- Proof that you have complained to the Human Rights Commission (eg, a letter from the Commission acknowledging your complaint)

Tribunal Contact Details

 The Secretary
The Human Rights Review Tribunal
Tribunals Unit
SX 11159, Wellington

Level 1, 86 Customhouse Quay, Wellington 6011

www.justice.govt.nz/hrrt

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Email: tribunals@justice.govt.nz