

FORM 3 – AMENDMENT FORM

Use This Form to Amend Your Complaint or Response

•		
1270 - 605 Robson Street Vancouver BC V6B 5J3 Phone: 604-775-2000 Toll Free: 1-888-440-8844	Fax: 604-775-2020 TTY: 604-775-2021	
GENERAL INSTRUCTI	ONS	
 Your information will NOT Save your form to your con Email us your form by att BCHumanRightsTribuna 	aching a saved copy and sending it to logo.bc.ca, mail or hand deliver a copy of your form to us	Tribunal Stamp
INFORMATION		
NAME OF COMPLAINT: ** EXAMPLE: SMITH v. ACME INC.		
TRIBUNAL CASE NUMBER: **		
NAME OF PERSON COMPLETING THIS FORM: **		
I am changing my Comp	plaint Complaint Response	
ou can add up to 3 pages, if the	re is not enough room on this form.	
 Number each page 		
	pages, use at least 12 point font.	
If you add writter	n pages, print clearly. Use a black or blue pen.	
Do not attach other documents	to this form. Keep your documents. You may nee	ed them later.
Check here if you are attachin	ng extra pages:	

I confirm that the information in this amendment form is true and accurate to the best of my knowledge and belief. ••

How many extra pages are you attaching: