



**British Columbia  
Human Rights  
Tribunal**

**Form 7.3 – New Participant Address for Delivery**

1270 - 605 Robson Street  
 Vancouver, BC V6B 5J3  
 Phone: (604) 775-2000 Fax: (604) 775-2020  
 Toll Free: 1-888-440-8844 TTY: (604) 775-2021

**Tribunal stamp**

<b>New participant name:</b>		
<b>Who will communication with the Tribunal? Check only one:</b>		
<input type="checkbox"/> The new participant or, if the new participant is an organization, the individual speaking for the organization		
<input type="checkbox"/> A lawyer		
<input type="checkbox"/> A legal advocate ( <b>example:</b> a person who works for a law clinic)		
<b>Name of person who will communicate with the Tribunal:</b>		
First name:	Last name:	
Preferred name: ( <b>example:</b> traditional name, nickname, alias)		
Organization name, if applicable: ( <b>example:</b> law firm)		
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> other: _____	Pronoun: <input type="checkbox"/> she/ <input type="checkbox"/> he/ <input type="checkbox"/> they/ <input type="checkbox"/> other: _____	
<b>Purpose of collecting contact information:</b> The Tribunal and parties use the contact information to communicate with you about the complaint. For more information see the <a href="#">Complaint Process Privacy Policy</a> on the Tribunal website.		
Email:		
Mailing address:		
City:		
Province:	Postal code:	
Telephone:	Fax:	Cell: