



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 *	Name - First name *	Name - Middle name
Chou	Yi Chin	Jenna

Pronouns
 She He They Other:

Email address *
 Jenna.chou825.pmp@gmail.com / *Jenna.chou@Email.com*
 Check this box if you do not have an email address where you can be reached.

Mailing Address *
 Check this box if you do not have a fixed address. *HealthcareHeart25@gmail.com*

Unit number	Street number *	Street name *
2110	1000	Portage pkwy

City *	Province *	Postal code *
Concord	ON - Ontario	L4K 0L1

Phone Numbers *
 Check this box if you do not have a phone number where you can be reached.

Phone number	TTY	Other
416-571-3662	437-440-0029	437-448-5800

Section 2: R
The response
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Once the H
the HRTO.
provide an
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Representative Information

Type of representative: *

- Lawyer Paralegal Human Rights Legal Support Centre Law Society of Ontario number _____
 Other (See Applicant's Guide for permitted representatives and exemptions.) *self rep*

Please choose the type of representative: * Organizational Representative Individual Representative

Organizational Representative:

Firm name *

Healthcare Heart Inc

Representative's Name - Last name

Chou

Representative's Name - First name

Yi Chin

Pronouns

- She He They Other:

Email address *

jenna.chou@gmail.com

Check this box if you do not have an email address for the representative.

Mailing Address *

Unit number

2110

Street number *

1000

Street name *

Portage pkwy

City *

Concord

Province *



Postal code *

L4K 0L1

Phone Numbers *

Phone number

416-571-3662

TTY

437-440-0029

Other

437-448-5800

Individual Representative:

Representative's Name - Last name *

Chou

Representative's Name - First name *

Yi Chin

Pronouns

- She He They Other:

Email address *

jenna.chou@gmail.com

Check this box if you do not have an email address for the representative.

Mailing Address *

Unit number

2110

Street number *

1000

Street name *

Portage pkwy

City *

Concord

Province *



Postal code *

L4K 0L1

Phone Numbers *

Phone number

416-571-3662

TTY

437-440-0029

Other

437-448-5800

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 *

York Region Police (District #2)

Contact last name | Contact first name | Contact title

Relationship to you (example: your employer, landlord, government body)

Email address *

Check this box if you do not have an email address for the organizational respondent.

Mailing Address *

Unit number | Street number * | Street name *

City * | Province * | Postal code *

Phone Numbers *

Check this box if you do not have a phone number for the organizational respondent.

Phone number | TTY | Other

Individual respondent

Name - Last name * | Name - First name * | Name - Middle name

Relationship to you (example: your employer, landlord, government body)

Email address *

Check this box if you do not have an email address for the individual respondent.

Mailing Address *

Unit number | Street number * | Street name *

City * | Province * | Postal code *

Phone Numbers *

Check this box if you do not have a phone number for the individual respondent.

Phone number | TTY | Other

Please see
Police Report emailed to HRTO on (TH) 04/23/2026
Conspiracy
 ① 44 RPP # 2303 & Firstence Residential
 ② Marjorie Valenta
 ③ Samir Hazza & ④ Mando Leo
 ④ George Nazins

Are there any additional respondents? Yes No

Additional Respondent Contact Information

Additional respondent 1 (Organization)

Name of organizational respondent

Contact last name	Contact first name	Contact title
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Relationship to you (example: your employer, landlord, government body)

Email address

Check this box if you do not have an email address for the organizational respondent.

Mailing Address

Unit number	Street number	Street name	Postal code
City	Province		

Phone Numbers

Check this box if you do not have a phone number for the organizational respondent.

Phone number	TTY	Other
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Additional respondent 2 (Individual)

Name - Last name Name - First name Name - Middle name

Relationship to you (example: your employer, landlord, government body)

Email address

Check this box if you do not have an email address for the individual respondent.

Mailing Address

Unit number	Street number	Street name	Postal code
City	Province		

Phone Numbers

Check this box if you do not have a phone number for the individual respondent.

Phone number	TTY	Other
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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? * Vaughan	What was the date of last event? * (dd/mm/yyyy) Ongoing
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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 Did not have concrete evidence of POLICE CONSPIRACY & ORGANIZED CRIMES until PARTIAL evidence from "Chou v Mario Deo" small claims lawyer gave me the book of Documents which

2 I still do not have all the answers or information that I need to find out EVERYTHING. I know the "conflict of interest" and "THE RIGHT TO FAIR HEARINGS" were infringed

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

Defamation of "PMP"

Does your Application involve discrimination in any other areas?
 Yes No If yes, specify details below ▼

- Other areas where you believe you experienced discrimination:
- Employment Housing/Accommodation Goods, services and facilities Contracts
 - Membership in a trade union, trade or occupational association or self-governing profession

I was a member of a union or other occupational/professional association while I experienced the events related to this Application (the HRTO will forward a copy of this Application to the Union/Association).

Name of Union/Association *
Project Mgmt Institute (PMI.org)

Contact last name	Contact first name	Contact title
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Email address *

Check this box if you do not have an email address for the Union/Association.

Mailing Address *

Unit number	Street number *	Street name *	Province *	Postal code *
		<i>Worldwide</i>		
City *				
Phone number *	TTY	Other		
		<i>Credential of "PMP"</i>		

(Project Mgmt Professional)

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 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.

* Please see the attached Excel spreadsheet

1 Discovery date of Conspiracy: August 13, 2025

* Drugged & Raped

2 Wrongfully arrested in my sleep, Woke up in jail cell, IN JAIL for TWO MONTHS with no evidence

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 Grounds of Race, Ancestry, Place of Origin, Colour, Ethnic Origin or Citizenship

Describe how you identify yourself in terms of your race, ancestry, place of origin, colour, ethnic origin or citizenship. *

Taiwanese, Canadian, woman, victim, sexual victim, identity theft fraud victim, financial loss victim (ODSP), emotional damages and trauma C-PTSD, loss of PRIVACY (spywares all over my place I don't

Explain why you believe you were discriminated against because of your race, colour, ancestry, place of origin, citizenship or ethnic origin. *

They tried to DEPORT ME when I found out the ORGANIZED CRIMES "these people including CORRUPTED POLICE" has been committing and I was planing on challenging it legally, so these people

...you are

Discrimination or Harassment on the Ground of Creed (e.g. religion)

Describe your creed. *

N/A

Explain why you believe you were discriminated against because of your creed. *

N/A

Discrimination or Harassment on the Ground of Disability or Perceived Disability

Describe your disability or perceived disability. *

Fibromyalgia
Hip surgery (first case seen in Canada) & hip dysplasia

Explain why you believe you were discriminated against because of your disability or perceived disability. *

Medication stolen wayyyyy too many times since 2018
They stole my EMER records (Office of the Privacy Commissioner had been contacted by me and is

Do you have particular needs related to your disability? *

Yes No If yes, specify details below. ▼

Describe your particular needs. *

Required to take my medications daily

Did you ask the respondent(s) to meet your needs? *

Yes No If yes, specify details below. ▼

Describe what you asked the respondent(s) to do. If you name more than one respondent, specify who you spoke to. *

No, I never even provided ANY STATEMENTS to the police at all
I had no idea why I was in JAIL and charged for NINE (9) counts of Mischief and others

Did the respondent(s) try to meet your need? *

Yes No Don't know If yes, specify details below. ▼

Describe what the respondent(s) did to meet your needs. If you name more than one respondent, please tell us what each did. *

No, YRP2 police wouldn't even take the handcuffs off me (hands behind my back) when I kept asking to release due to my CHRONIC PAIN. This occurred numerous times without me knowing why OTHER

Why do you believe the respondent(s)' efforts to meet your needs were not enough? *

I have chronic pain. I was already WRONGFULLY ARRESTED & IMPRISONED, when I was refused my medications from YRP2 police, they took me to the hospital in handcuffs and DRUGGED ME at the YRP2

Could you have performed the essential duties of the job if the respondent(s) had taken steps to meet your needs? *

Yes No

Please provide the time periods you have been impacted as a result of your alleged discrimination.

From (dd/mm/yyyy)
04/01/2018

To (dd/mm/yyyy)
Ongoing

Discrimination or Harassment on the Ground of Sex, Including Pregnancy

Identify your sex. *

On and around April 2018, I was drugged and raped and sexually assaults with a BIG BLUE STIICK (showed to police, never any reports made nor forensics taken for the BLOOD THAT WAS OKBTGE

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. *

They put ETHANOL in my vagina CAUSING AN EXTREMELY PAINFUL MISCARRIAGE that I wasn't even able to dial 911 due the pain (April 2018). They KILLED NY BABY with a YRP POLICE OFFICER

Discrimination or Harassment on the Grounds of Sexual Harassment, Solicitation or Advances

Explain why you believe you experienced sexual harassment, solicitations or advances. *

Please see police report of me reporting (while not conscious due to being DRUGGED with OPIOIDS include HEROIN) that I was drugged and raped too many times since 2018

If you are alleging you experienced sexual solicitation or advances, was the person(s) responsible in a position to grant or deny you a benefit? * If so, explain how.

I have no idea how. The police corruption is something I have been fighting for since I moved to Vaughan, Ontario in 2017

Discrimination or Harassment on the Ground of Sexual Orientation

Explain how you identify yourself in terms of your sexual orientation. *

N/A

Explain why you believe you were discriminated against because of your sexual orientation. *

N/A

Discrimination or Harassment on the Grounds of Gender Identity and/or Gender Expression

Explain how you identify yourself in terms of your gender identity or gender expression. *

N/A

Explain why you believe you were discriminated against because of your gender identity or gender expression. *

N/A

Discrimination or Harassment on the Grounds of Family or Marital Status

Describe your family or marital status. *

Single. They isolated me and social engineered their attacks on my life
I am not able and hasn't been able to have a relationship since 2019

Explain why you believe you were discriminated against because of your family or marital status. *

"No association with community and not volunteering" in the police report (please see emailed attachment of the partial police report sent to HRT0 REGISTRAR on (TH) 04.23.2026

Discrimination or Harassment on the Ground of Age

Date of birth * (dd/mm/yyyy) 25/08/1982

Explain why you believe you were discriminated against because of your age. *

N/A (I don't have enough concrete evidence that can properly support AGE DISCRIMINATION, even though my INSTINCTS tell me there are age discriminations involved)

Discrimination or Harassment on the Ground of Receipt of Public Assistance

What form of public assistance do you receive? *

- Ontario Works
- Ontario Disability Support
- Canada Pension Plan
- Subsidized Housing
- Other (specify) ▶

Explain why you believe you were discriminated against because of receiving public assistance. *

Please see attached evidence via email to HRTO REGISTRAR on (TH) 04.23.2026

Discrimination or Harassment on the Ground of Record of Offences

Note: Filing under record of offences means that you are alleging that you have been discriminated against on the basis of a conviction for a criminal offence for which a pardon has been granted or for a provincial offence.

Do you believe you were discriminated against because of a conviction under a federal law (such as a *Criminal Code* offence)? *

Yes No If yes, specify details below. ▼

What was the federal offence? *

"DUI" (from 2005, record expunged after 5 years, Criminal Records Removed)

Have you received a pardon for the conviction? *

Yes No If yes, specify details below. ▼

Why do you believe you were discriminated against because of your record of a federal offences? *

November 20, 2019 - Fingerprint Match (What fingerprint? How did they PLANT 3 OF MY FINGERPRINTS in "Marjorie VALENTA's" place to INCRIMINATE ME? I still have no answer. Responding

Do you believe you were discriminated against because of a conviction under a provincial law (such as the *Highway Traffic Act*)? *

Yes No If yes, specify details below. ▼

What was the provincial offence? *

N/A

Why do you believe you were discriminated against because of your record of a provincial offence? *

N/A (I don't have enough concrete evidence that can properly support RECORD DISCRIMINATION, even though my INSTINCTS tell me there are RECORD discriminations involved. Now my police reports has

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. *

N/A (I don't have enough concrete evidence that can properly support association DISCRIMINATION, even though my INSTINCTS tell me there are discriminations involved ("No ties to community and not

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. (Specify details below.) ▼

Provide details on how you were reprisal against. *

*Police threaten to kill me
"Schizophrenic/Bipolar"
delusion
* I HAVE MOST of those
2019
2026*

Too many evidence. Pls see police reports

I refused to infringe on another person's rights under the Code. (Specify details below.) ▼

Provide details on how you were reprisal against. *

Police corruption.... conspiracy,,, Orgaizad crime with condo resident MARJORIE VALENTA & Property Management Firm "FIRSTSERVICE Residential"

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? *

N/A

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

N/A

Provide details on how you were reprisal against. *

Possible bringing of Judge/Justice for small claims proceedings against YRP2 & Mario Deo & FirstService Residential (same judge and FLAWED ENDORSEMENT DECISION". Legal

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.

Describe the other proceeding in a few words: *

Small Claims (Richmond Hill Small Claims 8500 Leslie, Markham, Ontario)

What stage is the other proceeding at? Has there been a hearing? When is a decision expected? *

Honourable Judge Douglas STAYED the proceeding since 2023. I am not sure why

of my (MSc degree) due to YSP2 pulled me out

(couldn't do ph D @ McGill)

- ① Real Educational damages
- ② Real Financial damages
- ③ C-PTSD

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: * \$ 150,000 +

Explain how you calculated this amount. *

* Maximum for pain & suffering

- ④ Wrongful arrest
- ⑤ Wrongful imprisonment

(physically beat up multiple times)

Real damages

Non-monetary remedy

Provide details. *

- Identity change (Name, SIN, etc.)

- Investigation, find out who are involved, prevent & completely

Remedy for future compliance (public interest remedy):

Provide details. *

I will send this in after when I know what's going on HRTO!

defer future terms by these perpetrators.

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.) *

Date (dd/mm/yyyy) *

YI CHIN CHOU

24/04/2026

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).

Filing Instructions

Review for Completeness and Save Form

Print Form

Save for later

Clear Form

FOR HRTO USE ONLY