



University
of Windsor

CASE#: _____

DATE OPENED: _____

ONLINE CONFIDENTIAL INTAKE FORM

Contact Date & Time: _____

Initial Contact Method: _____

CONTACT INFO

First Name: _____

Last Name: _____

Position on Campus:

☐ Student ☐ Staff ☐ Faculty

☐ Administration ☐ Other: _____

Department: _____

Mailing Address: _____

Phone: _____

UWin e-mail: _____

Can we leave a message? ☐ Yes ☐ No

RESPONDENT INFO (if applicable)

First Name: _____

Last Name: _____

Position on Campus:

☐ Student ☐ Staff ☐ Faculty

☐ Administration ☐ Other: _____

Department: _____

Mailing Address: _____

Phone: _____

UWin e-mail: _____

Can we leave a message? ☐ Yes ☐ No

NATURE OF INQUIRY/CONCERN

☐ Academic ☐ Accessibility ☐ Consultation ☐ Discrimination ☐ Enquiry

☐ Harassment ☐ PCEE ☐ Procedural ☐ Systemic

Non-Code related: _____ Other: _____

GROUND(S) (circle all that apply)

Race • Ancestry • Place of Origin • Colour • Ethnic Origin • Citizenship • Creed • Sex • Sexual Orientation • Gender Identity/Gender Expression • Disability • Age • Marital Status • Family Status • Receipt of Public Assistance • Record of Offences

[illegible]

Office of Human Rights, Conflict Resolution and Mediation
401 Sunset Avenue Windsor, Ontario N9B 3P4
T 519-253-3000 x. 3400 F 519-973-3673

SIGNATURE: _____ **DATE:** _____

INTAKE FORM TAKEN BY: _____

CASE HANDLED BY: _____

Date & Signature