

CASE#:	
DATE OPENED:	

## **ONLINE CONFIDENTIAL INTAKE FORM**

Contact Date & Time:	<u> </u>	
Initial Contact Method:	<u> </u>	
CONTACT INFO	RESPONDENT INFO (if applicable)	
First Name:	First Name:	
Last Name:	Last Name:	
Position on Campus:	Position on Campus:	
☐ Student ☐ Staff ☐ Faculty	$\square$ Student $\square$ Staff $\square$ Faculty	
☐ Administration ☐ Other:	☐ Administration ☐ Other:	
Department:	Department:	
Mailing Address:	Mailing Address:	
Phone:	Phone:	
UWin e-mail:	UWin e-mail:	
Can we leave a message? ☐ Yes ☐ No	Can we leave a message? ☐ Yes ☐ No	
NATURE OF INQUIRY/CONCERN		
<ul><li>☐ Academic</li><li>☐ Accessibility</li><li>☐ Consultation</li><li>☐ PCEE</li><li>☐ Procedural</li></ul>	n   Discrimination   Enquiry  Systemic	
Non–Code related:	_ Other:	

## **GROUNDS** (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

INQUIRY/CONCERN DETAILS (Attach pages if necessary)				
For	questions or to submit	the completed form լ	olease see:	
	Office of Human Rights, Conflict Resolution and Mediation			
	401 Sunset Avenue Wi	ndsor, Ontario N9B 3P	4	
	T 519-253-3000 x. 3400	F 519-973-3673		
may be necessary to ga		t and/or monitor the te	discreet disclosure of information rms of a resolution. Please sign to	
SIGNATURE:		DA	TE:	
FOR OFFICE USE ON	IV			
	BY:			
CASE HANDLED BY:				
Resolution:				
			Date & Signature	