



CASE#: \_\_\_\_\_  
DATE OPENED: \_\_\_\_\_  
DATE CLOSED: \_\_\_\_\_

## ONLINE CONFIDENTIAL INTAKE FORM

Contact Date & Time: \_\_\_\_\_

Initial Contact Method: \_\_\_\_\_

### COMPLAINANT INFO:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Position on Campus:

- Student     Staff     Faculty  
 Administrator    Other: \_\_\_\_\_

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

UWin e-mail: \_\_\_\_\_

Can we leave a message?     Yes     No

### RESPONDENT INFO:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Position on Campus:

- Student     Staff     Faculty  
 Administrator    Other: \_\_\_\_\_

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

UWin e-mail: \_\_\_\_\_

Can we leave a message?     Yes     No

### NATURE OF INQUIRY/CONCERN

- Academic     Accessibility     Discrimination     Harassment   
Procedural     Non-Code related: \_\_\_\_\_    Other: \_\_\_\_\_

### FOUNDATIONS (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 • Other: \_\_\_\_\_

**INQUIRY/COMPLAINT DETAILS (Attach pages if necessary)**

For questions or to submit the completed form please see:

**Office of Human Rights, Equity & Accessibility**  
401 Sunset Avenue  
Windsor, Ontario, Canada N9B 3P4  
T 519-253-3000 x. 3400 F 519-973-3673

Concerns brought to our Office are handled in a confidential manner. The discreet disclosure of information may be necessary to gather the facts or implement and/or monitor the terms of a resolution. Please sign to acknowledge agreement with the accuracy of the complaint details.

**COMPLAINANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**INTAKE FORM TAKEN BY:**

**CASE HANDLED BY:** \_\_\_\_\_  
\_\_\_\_\_

Resolution:

~

\_\_\_\_\_  
Date & Signature