



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: \_\_\_\_\_

### 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

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

For questions or to submit the completed form please see:

**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**

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 concern details.

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

**FOR OFFICE USE ONLY**

**INTAKE FORM TAKEN BY:** \_\_\_\_\_

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

Resolution:

Date & Signature