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INTAKE QUESTIONNAIRE

NAME OF COMPLAINANT:

Full Legal Name _____

Address _____

_____ Postal Code _____

Telephone _____

Email address _____

ALTERNATE CONTACT: Someone who lives apart from you but who knows how to contact you.

Name _____

Address _____

_____ Postal Code _____

Telephone _____

NAME, ADDRESS AND TELEPHONE NUMBER OF THE ORGANIZATION COMPLAINED ABOUT

Name _____

Address _____

_____ Postal Code _____

Telephone _____

NAME, ADDRESS OF THE **INDIVIDUAL** YOU FEEL HAS DISCRIMINATED AGAINST YOU:
 (Give as much information as possible)

Name _____

Address _____

_____ Postal Code _____

Telephone _____

IF EMPLOYMENT RELATED:

Position Held: _____

Rate of Pay: _____

First Day Worked: _____

Last Day Worked: _____

ARE YOU REPRESENTED BY:

A Union, if so which union: _____

Have you taken other action? (e.g. Grievance, legal action, WCB, OH&S, Ombudsman) Explain:

DISCRIMINATION IS BECAUSE OF:

- Race / Perceived Race
- Creed
- Colour
- Ancestry
- Family Status
- Place of Origin
- Nationality
- Receipt of Public Assistance
- Religion
- Age (18 or more)
- Marital Status
- Disability (mental or physical)
- Sex (including pregnancy)
- Sexual Harassment
- Sexual Orientation

PARTICULARS OF COMPLAINT: Please give details of complaint, including the names of possible witnesses and what they might say. Further details can be provided on a separate sheet.

How do you think this matter could best be resolved?

Please attach documents you feel will support your case, e.g. record of employment, rent receipt, etc.

I declare the information in this complaint is true to the best of my information and belief. Filing this intake questionnaire confirms my request that the Saskatchewan Human Rights Commission take whatever action is necessary to evaluate or investigate this complaint. I understand this form may be disclosed to the other party. I authorize the Commission to collect and review all relevant information, including personal and health information, which is necessary to conduct its examination of my complaint. I authorize the Commission to disclose the information collected if disclosure is required to conduct its investigation or to allow the other party to fairly respond to my complaint.

Signature of Complainant

Date

File No. _____