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## INTAKE QUESTIONNAIRE

### NAME OF COMPLAINANT:

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

**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 taken? (e.g. 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 - 64)
- Marital Status
- Disability
- Sex (including pregnancy)
- Sexual Harassment
- Sexual Orientation
- Retaliation

**PARTICULARS OF COMPLAINT:**

Give details of complaint. Include names of possible witnesses and what they might say. Use additional pages if necessary.

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. I therefore request that the Saskatchewan Human Rights Commission take whatever action deemed necessary to evaluate or investigate the allegations made on this form. I hereby give the Commission authorization to use and release information contained in this form to any person deemed necessary. I also authorize the Commission to review my personnel records, medical records or other pertinent records related to my allegations, and receive copies therein, as well as to obtain any other information which may be requested in the investigation of these allegations.**

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

► **How did you learn you could make a discrimination complaint to the Saskatchewan Human Rights Commission (SHRC)?** *(Your answer will help us assess the effectiveness of our public education efforts. Thank you.)*

SHRC Presentation

SHRC Publication

SHRC Web Site

Media Coverage

Word of Mouth

Other

Details \_\_\_\_\_

File No. \_\_\_\_\_