

Suite 816, Sturdy Stone Building 122-3rd Avenue North S7K 2H6 Phone: (306) 933-5952 Fax: (306) 933-7863

Toll free: 1-800-667-9249 (SK only)

shrc@gov.sk.ca www.shrc.gov.sk.ca

INTAKE QUESTIONNAIRE

1. YOUR CONTACT INFORMATION:	5. IF EMPLOYMENT RELATED:
Full Legal Name	Position Held:
Address	_ Rate of Pay:
———— Postal Code ————	First Day Worked: ————————————————————————————————————
Telephone	Last Day Worked:
Email address	
Legal Representative	If so, which union:
2. ALTERNATE CONTACT INFORMATION: Someone who does not live with you but who can contact you and with whom we may discuss your claim.	6. PRIOR ACTION: Have you taken other action (e.g., grievance, legal action, WCB, OH&S, Ombudsman)?
Name ————————————————————————————————————	If you have already taken other action, explain why you are bringing this complaint forward?
Postal Code	
Telephone	7. DISCRIMINATION IS BECAUSE OF:
- ODGANIZATION COMPLAINED ABOUT	☐ Race / Perceived Race
3. ORGANIZATION COMPLAINED ABOUT:	☐ Creed
Name	☐ Colour
Address	☐ Ancestry
Postal Code	☐ Family Status
	☐ Place of Origin
Telephone	□ Nationality
4. INDIVIDUAL COMPLAINED ABOUT: Give as much information as possible about the person who you feel has discriminated against you.	☐ Receipt of Public Assistance
	☐ Religion
	☐ Age (18 or more)
N	☐ Marital Status
Name	☐ Disability (mental or physical)
Address	
———— Postal Code ————	☐ Sex (including pregnancy)☐ Sexual Harassment
Telephone	
	☐ Sexual Orientation
	☐ Gender Identity

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 you	ur case, e.g. record of employment, rent receipt, etc.
questionnaire confirms my request that the Saskatche necessary to evaluate or investigate this complaint. I un authorize the Commission to collect and review all releva which is necessary to conduct its examination of my	the best of my information and belief. Filing this intake twan Human Rights Commission take whatever action is inderstand this form may be disclosed to the other party. I ant information, including personal and health information, complaint. I authorize the Commission to disclose the uct its investigation or to allow the other party to fairly
Signature of Complainant	Date (MM/DD/YYYY)
File No.	