



SASKATCHEWAN
HUMAN RIGHTS
COMMISSION

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INTAKE QUESTIONNAIRE

1. YOUR CONTACT INFORMATION:

Full Legal Name _____

Address _____

_____ Postal Code _____

Telephone _____

Email address _____

Legal Representative _____

2. ALTERNATE CONTACT INFORMATION:

Someone who does not live with you but who can contact you and with whom we may discuss your claim.

Name _____

Address _____

_____ Postal Code _____

Telephone _____

3. ORGANIZATION COMPLAINED ABOUT:

Name _____

Address _____

_____ Postal Code _____

Telephone _____

4. INDIVIDUAL COMPLAINED ABOUT:

Give as much information as possible about the person who you feel has discriminated against you.

Name _____

Address _____

_____ Postal Code _____

Telephone _____

5. IF EMPLOYMENT RELATED:

Position Held: _____

Rate of Pay: _____

First Day Worked: _____

Last Day Worked: _____

Are you represented by a union? _____

If so, which union: _____

6. PRIOR ACTION:

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

If you have already taken other action, explain why you are bringing this complaint forward?

7. 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
- Gender Identity

