



SASKATCHEWAN
HUMAN RIGHTS
COMMISSION

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

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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

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 (MM/DD/YYYY)

File No. _____