

# CONCORDIA UNIVERSITY OMBUDS OFFICE INTAKE FORM

The Ombuds Office staff will hold all communications with you in strict confidence and will not disclose any information without your permission. However, these confidentiality rights are subject to disclosure when staff has reason to believe that a person is at risk of imminent harm and when otherwise required by law.

Date: \_\_\_\_\_ ID: \_\_\_\_\_  
MM/DD/YYYY

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 1. STATUS:

Undergraduate  
Admin & Support (permanent)  
Graduate  
Admin & Support (non-permanent)  
Visiting  
Admin & Support Casual  
School of Extended Learning  
Research (non-permanent)  
Department Head/Academic Administrator  
Teaching Assistant/Research Assistant  
Faculty  
Other Please describe \_\_\_\_\_

2. ARE YOU:            Full-time            Part-time  
Faculty \_\_\_\_\_

Department \_\_\_\_\_

Program \_\_\_\_\_

3. ARE YOU AN INTERNATIONAL STUDENT?            Yes            No

4. IS THIS THE FIRST TIME YOU HAVE COME TO THE OMBUDS OFFICE?            Yes            No

If yes, how did you hear about us?

Chair  
Department Secretary  
Friend  
Orientation  
Pamphlet  
Professor  
Student Handbook  
Student Services  
University newspaper  
Web Page  
or other  
\_\_\_\_\_

**5. BEFORE COMING TO THE OMBUDS OFFICE, HAVE YOU DISCUSSED THIS MATTER WITH OTHER OFFICES/INDIVIDUALS?**

Yes      No

If yes, which office/individual

- Academic Advisor
- External Ombuds Office
- Registrar's Office
- Access Centre
- Graduate Studies
- Rights & Responsibilities
- Counselling & Development
- Graduate Program Director
- Student Accounts
- CSU Advocate
- Health Services
- Student Advocate Program
- CSU Legal Services
- Human Resources
- Supervisor
- Department Chair
- International Student Office
- Union Representative
- Department Secretary
- Professor
- Undergraduate Program Director

or other \_\_\_\_\_

**BRIEFLY DESCRIBE THE REASON FOR REQUESTING ASSISTANCE**

**HOW DO YOU THINK YOUR CONCERN/COMPLAINT CAN BE RESOLVED?**

**AUTHORIZATION**

I authorize the Ombuds Office to communicate with the persons involved in my case:

Yes  
No  
Undecided

Date: \_\_\_\_\_  
MM/DD/YYYY

Please let us know if you want us to contact you by email at \_\_\_\_\_  
or by telephone at \_\_\_\_\_

Please download this intake form and click here to submit it at [ombuds@concordia.ca](mailto:ombuds@concordia.ca)

Please take note that when you submit the intake form to us by email  
you can also attach any relevant documents (PDF, Word) for our reading.