



**CONFIDENTIAL**

**Bureau de l'ombudsman**  
Pavillon Alphonse-Desjardins  
2325, rue de l'Université  
Local 3320  
Université Laval  
Quebec (Quebec)  
G1V 0A6

Tel: (418) 656-3081  
Toll free: 1-866-323-2271

Email: [info@ombudsman.ulaval.ca](mailto:info@ombudsman.ulaval.ca)  
Website: [www.ombudsman.ulaval.ca](http://www.ombudsman.ulaval.ca)

To enable us to analyze your request and if you are at ease at do so, please fill in this form and forward it by regular mail or email. Please include any document and correspondence pertinent to your request, arguments and steps/recourses taken as well as to responses obtained.

|                              |   |
|------------------------------|---|
| <b>NATURE OF THE REQUEST</b> | Consultation or information request ( <input type="checkbox"/> )      Complaint ( <input type="checkbox"/> )  |
| <b>PERSONAL DATA</b>         | Name : _____<br>NI (Student number) : _____<br>Email : _____<br>Gender : M ( <input type="checkbox"/> )    F ( <input type="checkbox"/> )<br>Home phone : _____<br>Can we leave a message? Yes ( <input type="checkbox"/> )    No ( <input type="checkbox"/> )<br>Alternate phone : _____<br>Can we leave a message? Yes ( <input type="checkbox"/> )    No ( <input type="checkbox"/> )<br>Most convenient moment to reach you : _____<br>_____  |
| <b>STATUS</b>                | Student : Undergraduate ( <input type="checkbox"/> ) Graduate ( <input type="checkbox"/> ) Masters ( <input type="checkbox"/> ) Ph.D. ( <input type="checkbox"/> ) Postdoc ( <input type="checkbox"/> )<br>Admission Candidate : ( <input type="checkbox"/> ) Former Student : ( <input type="checkbox"/> ) Other : ( <input type="checkbox"/> )<br>Employee : Regular ( <input type="checkbox"/> ) Temporary ( <input type="checkbox"/> ) Contractual ( <input type="checkbox"/> )<br>Canadian citizen and Quebec resident ( <input type="checkbox"/> ) Canadian citizen and out of province resident ( <input type="checkbox"/> )<br>Quebec resident ( <input type="checkbox"/> ) Out of province resident ( <input type="checkbox"/> ) International student ( <input type="checkbox"/> )<br>Nationality (optional) : _____<br>Registration : Full time ( <input type="checkbox"/> ) Part time ( <input type="checkbox"/> )<br>Faculty : _____<br>Department or School : _____<br>Program of studies : _____ |
| <b>CONSULTATION</b>          | Is it the first time that you contact the Ombudsman Office? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )<br>Referral :<br>Website ( <input type="checkbox"/> ) Poster ( <input type="checkbox"/> ) Leaflet ( <input type="checkbox"/> ) Student services ( <input type="checkbox"/> ) Friend ( <input type="checkbox"/> ) Newspaper ( <input type="checkbox"/> )<br>Staff academic ( <input type="checkbox"/> ) Staff non academic ( <input type="checkbox"/> ) Student handbook ( <input type="checkbox"/> ) Other ( <input type="checkbox"/> )<br><br>Is this a follow up of a previous contact with the Ombudsman? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )<br>When was it made? _____   |

