

CONFIDENTIEL

To enable us to analyze your request and if you are at ease to do so, please fill in this form and forward it by regular mail, email¹ or in person.

NATURE OF THE REQUEST	CONSULTATION OR REQUEST FOR INFORMATION
PERSONAL DATA	Name : _____ NI (student file number) : _____ Email (@ulaval.ca) : _____ Phone where we can reach you by day : _____ Can we leave a message? Yes () No ()
STATUS	Student : Undergraduate () Masters () Ph.D. () Postdoc () Former student () Faculty : _____ Department/School : _____ Program of studies : _____ Admission Candidate () Employee () Administrator () Teaching staff () Person who acts as a research subject () Service user () Other () Optional (for statistical purposes) : Quebec resident () Canadian citizen () Permanent resident in Canada () Foreigner ()
CONSULTATION	Is it the first time that you contact the Ombudsman Office? Yes () No () Referral : Website () Poster () Leaflet () Student services () Friend () Newspaper () Staff academic () Staff non academic () Student handbook () Other () Is this a follow up of a previous contact with the Ombudsman? Yes () No () When was it made? _____
URGENT MATTER	Is your request urgent ² ? Yes () No () Explain why and precise any applicable deadline or time limit : _____ _____ _____

¹ Please note that e-mail does not provide the same confidentiality as a telephone interview or a letter received by mail, as it leaves traces of its contents on the different sites through which it passes.

² The Ombudsman Office reserves the discretion to assess the priority of the interventions.

