

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. Please include any document and correspondence pertinent to your request, arguments and steps/recourses taken as well as to responses obtained, to justify your position.

REQUEST FOR ASSISTANCE	
PERSONAL DATA	Name : _____ NI (student file number) : _____ Email (@ulaval.ca) : _____ Phone where we can reach you by day : _____ Can we leave a message? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)
STATUS	Student : Undergraduate (<input type="checkbox"/>) Masters (<input type="checkbox"/>) Ph.D. (<input type="checkbox"/>) Postdoc (<input type="checkbox"/>) Former student (<input type="checkbox"/>) Faculty : _____ Department/School : _____ Program of studies : _____ Admission Candidate (<input type="checkbox"/>) Employee (<input type="checkbox"/>) Administrator (<input type="checkbox"/>) Teaching staff (<input type="checkbox"/>) Person who acts as a research subject (<input type="checkbox"/>) Service user (<input type="checkbox"/>) Other (<input type="checkbox"/>) Optional (for statistical purposes) : Quebec resident (<input type="checkbox"/>) Canadian citizen (<input type="checkbox"/>) Permanent resident in Canada (<input type="checkbox"/>) Foreigner (<input type="checkbox"/>)
CONSULTATION	Is it the first time that you contact the Ombudsman Office? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) Referral : 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"/>) Staff academic (<input type="checkbox"/>) Staff non academic (<input type="checkbox"/>) Student handbook (<input type="checkbox"/>) Other (<input type="checkbox"/>) Is this a follow up of a previous contact with the Ombudsman? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) When was it made? _____
URGENT MATTER	Is your request urgent? ² Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) 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.

NATURE AND DESCRIPTION OF YOUR REQUEST

1. **Summarize** in a few lines the **subject** of your complaint while remaining factual (What are you complaining about?).

2. **Indicate** the **reasons** that make you feel aggrieved by the administrative process or that you believe you are the victim of an injustice or an infringement of your fundamental rights by a member acting on behalf of University Laval (specify, if applicable, the persons concerned).

3. **Specify** your **expectations** for the ombudsman.

STEPS TAKEN

Describe the steps or recourses already taken, the relevant dates, the names of the person(s) contacted and their position, as the case may be.

AUTHORIZATION : Your consent is necessary for the analysis of the admissibility of your complaint and, if necessary, for an investigation.

- I authorize you to communicate with the persons involved in my file and to identify me.

Signature : _____ Date : _____

- I have been informed that recourse to the Ombudsman is a non-judicial modality for the resolution of disputes, I understand that the steps I have taken in seeking his intervention can not serve to fuel a judicial debate against Université Laval, and I agree to respect this principle.

Signature : _____ Date : _____