

**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, email<sup>1</sup> 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.

You can also refer us to the email sent at our office, if it is sufficiently detailed in relation to the facts reported and the steps taken.

Confidentiality: your authorization is required to allow us to contact the people involved in your case. Also, please provide us with their contact details.

<b>REQUEST FOR ASSISTANCE</b>	
<b>PERSONAL DATA</b>	Name : _____ NI (student file number) : _____ Email (@ulaval.ca) : _____ Phone where we can reach you by day : _____ Can we leave a message? Yes ( ) No ( )
<b>STATUS</b>	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 ( )
<b>CONSULTATION</b>	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? _____
<b>URGENT MATTER</b>	Is your request urgent? <sup>2</sup> Yes ( ) No ( ) Explain why and precise any applicable deadline or time limit : _____ _____ _____

<sup>1</sup> 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.

<sup>2</sup> The Ombudsman Office reserves the discretion to assess the priority of the interventions.

**NATURE AND DESCRIPTION OF YOUR REQUEST/COMPLAINT**

1. **Summarize** the **subject**, please keep it factual.

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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 (**please provide us with their names and contact details of the persons concerned**).

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

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**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.

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**AUTHORIZATION** : Your consent is required to carry out the admissibility analysis and if need be, to carry out an investigation.

- I authorize you to communicate with all people who may be involved in my case and to identify me, and to share emails exchanged with them.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

- I have been informed that recourse to the Ombudsperson is a non-judicial method of resolving disputes. Its intervention cannot be used in legal proceedings against Laval University. I undertake to respect this principle.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_