



SASKATCHEWAN  
**HUMAN RIGHTS**  
COMMISSION

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E-Mail: [shrc@gov.sk.ca](mailto:shrc@gov.sk.ca)  
Internet:  
<http://saskatchewanhumanrights.ca>

## Intake Questionnaire

### 1. Your Contact Information:

Full Legal Name:

Address:

Postal Code:

Telephone:

E-mail address:

Legal Representative:

### 2. Alternate Contact Information:

Someone who does not live with you but who can contact you and with whom we may discuss your claim.

Name:

Address:

Postal Code:

Telephone:

### 3. Organization Complained About:

Name:

Address:

Postal Code:

Telephone:

### 4. Individual Complained About:

Give as much information as possible about the person who you feel has discriminated against you.

Name:

Address:

Postal Code:

Telephone:

### 5. If Employment Related:

Position Held:

Rate of Pay:

First Day Worked:

Last Day Worked:

Are you represented by a Union?

Yes  No

Which Union?

### 6. Prior Action:

Have you taken other action (e.g., grievance, legal action, WCB, OH&S, Ombudsman)?

If you have already taken other action, explain why you are bringing this complaint forwards?

## 7. Discrimination is Because of:

- Race / Perceived Race
- Creed
- Colour
- Ancestry
- Family Status
- Place of Origin
- Nationality
- Receipt of Public Assistance
- Religion
- Age (18 or more)
- Marital Status
- Disability (mental or physical)
- Sex (including pregnancy)
- Sexual Harassment
- Sexual Orientation
- Gender Identity

## 8. Particulars of Complaint:

Please give details of complaint, including the names of possible witnesses and what they might say. Further details can be provided on a separate sheet.

How do you think this matter could be best resolved?

**Please attach documents you feel support your case, e.g., record of employment, rent receipt, etc.**

I declare the information in this complaint is true to the best of my information and belief. Filing this intake questionnaire confirms my request that the Saskatchewan Human Rights Commission take whatever action is necessary to evaluate or investigate this complaint. I understand this form may be disclosed to the other party. I authorize the Commission to collect and review all relevant information, including personal and health information, which is necessary to conduct its examination of my complaint. I authorize the Commission to disclose the information collected if disclosure is required to conduct its investigation or to allow the other party to fairly respond to my complaint.

**Signature of Complainant**

**Date (MM/DD/YY)**

File No.