



**SASKATCHEWAN  
HUMAN RIGHTS  
COMMISSION**

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Saskatoon, SK S7K 4E4  
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**TOLL FREE** 1-800-667-9249 (SK only)

**EMAIL** contact@saskhrc.ca  
**WEB** www.saskhrc.ca

*Office Use Only*

File No.: \_\_\_\_\_  
Intake Officer: \_\_\_\_\_

## INTAKE QUESTIONNAIRE

**1. YOUR CONTACT INFORMATION:**

Full Legal Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_  
Preferred Pronouns (she/he/they/etc) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Town/City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_  
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 \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Town/City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

**3. ORGANIZATION COMPLAINING ABOUT:**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Town/City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

**4. INDIVIDUAL COMPLAINING ABOUT:**

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

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Town/City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

**5. IF EMPLOYMENT RELATED:**

Position Held: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_  
First Day Worked: \_\_\_\_\_  
Last Day Worked: \_\_\_\_\_  
Are you represented by a union?: \_\_\_\_\_  
If so, which union?: \_\_\_\_\_

**6. PRIOR ACTION:**

Have you taken other action (such as filing a grievance, legal action, WCB, OH&S, Ombudsman)?

\_\_\_\_\_

If you have already taken other action, why are you bringing a complaint to the Human Rights Commission?

**7. DETAILS OF DISCRIMINATION:**

When did the discrimination happen?:

On what basis were you discriminated against?

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

8. **PARTICULARS OF COMPLAINT:** Please give details of complaint, including the names of possible witnesses and what they might say. Further details can be included in a separate document.

*How do you think this matter could best be resolved?*

**Please attach documents you feel will support your case** (record of employment, rent receipt, correspondence, etc.)

I declare that 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.

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**Signature of Complainant**

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**Date (dd/mm/yyyy)**

**SHRC 19/07/2022**