

**CONFIDENTIAL**

**Bureau de l'ombudsman**  
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To enable us to analyze your request and if you are at ease at do so, please fill in this form and forward it by regular mail or email\*. Please include any document and correspondence pertinent to your request, arguments and steps/recourses taken as well as to responses obtained.

<b>NATURE OF THE REQUEST</b>	<b>Consultation or information request ( ) Complaint or request for intervention ( )</b>
<b>PERSONAL DATA</b>	Name : _____ NI (student file number) : _____ Email (@ulaval.ca) : _____ Phone where we can reach you on the 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? _____

\* 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.

<b>URGENT MATTER</b>	Is your request urgent?* Yes ( ) No ( ) Explain why and precise any applicable deadline or time limit : _____ _____
<b>NATURE AND DESCRIPTION OF YOUR REQUEST</b>  (Continue on a separate sheet if necessary)	Please describe the facts and grounds giving rise to your request, identify the authority concerned, the reasons why you consider yourself wronged, and the solution/result that you would consider fair, as the case may be. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
<b>STEPS TAKEN</b>  (Continue on a separate sheet if necessary)	Please 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. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
<b>AUTHORIZATION</b>	Do you authorize us to communicate with any person concerned by your request and to identify you? Yes ( ) No ( )  Signature : _____ Date : _____

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