

McGill University

Office of the Ombudsperson for Students

3610 McTavish Street, Suite 14, Montreal, QC, Canada H3A 1Y2

Tel: (514) 398-7059

Email: ombudsperson@mcgill.ca

Website: www.mcgill.ca/ombudsperson

Mandate

The Office of the Ombudsperson offers confidential, informal and independent dispute resolution services to McGill students involving University matters. The Ombudsperson is an advocate for a fair process (and not an advocate for the individual or for the administration), acts solely in an advisory and intermediary role, and does not make University policy or replace formal channels. Communication with the office does not constitute notice to the University. For a full description of the mandate, please consult the website.

Date: _____

Is this the first time you have contacted the Ombuds Office? Yes No (Month_____ Year:_____)

Personal Information

| |
|--|
| Last Name _____ |
| First Name _____ |
| Address _____ Apt._____ City_____ |
| Province/State/Country _____ Postal Code_____ |
| Home Phone: [] _____ Messages: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alternate Phone: [] _____ Messages: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email: _____ |

McGill Student Status **

| | |
|--|--|
| _____ | <input type="checkbox"/> Current/Returning Student |
| Student Number | <input type="checkbox"/> Former Student - last session attended _____ - graduated (degree/year) _____ |
| ** Status will be confirmed by accessing academic record | |

Referred by

| | | | |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Poster | <input type="checkbox"/> Student Services | <input type="checkbox"/> Staff (academic/non-academic) |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Student-run Org | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> eCalendars | <input type="checkbox"/> Student/Friend | | |

CONTINUE ON BACK ->

Description of your request for assistance

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Others Consulted (name / title / office)

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Authorization

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| <p>I understand that the Ombudsperson will treat my request in a confidential manner, with the utmost care and respect for me and all individuals concerned.</p> <p>I authorize the Ombudsperson, or his/her associate, to communicate with all persons involved with my request and to access all official files held by the University and third parties as deemed necessary by the Ombudsperson to fulfill his/her function.</p> <p>Signature: _____ Date: _____</p> |
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