



REQUEST FOR ASSISTANCE FORM

1. To help us to help you, please complete the following questions. Any information given on this form is confidential and will be used only for the purposes of this office.

- | | |
|------------------|------|
| 1. Name | Date |
| 2. Email | |
| 3. Telephone No. | |

2. Constituency

- | | | |
|------------------------------------|----------|-------------|
| 1. Undergraduate Student | Faculty: | Department |
| 2. Graduate Student | Faculty: | Department: |
| 3. Academic Staff | Faculty: | Department: |
| 4. Administrative Staff | Faculty: | Department: |
| 5. Dentistry Clinic Issue | | |
| 6. Campus Police Issue | | |
| 7. Not Enrolled - Admissions Issue | | |
| 8. Other (specify): | | |

3. Please provide a brief outline of your reason for requesting assistance from this office

4. Before coming to the Office of the University Ombudsperson, have you discussed this matter with other U of T Offices/individuals?

1. NO
2. YES (If "YES" please choose all that apply below)
3. Undergraduate Coordinator/Associate Chair
4. Graduate Coordinator/Associate Chair
5. Vice Dean SGS
6. SGS Conflict Resolution Centre
7. Registrar's Office
8. Professor
9. Department Chair
10. Supervisor
11. Student Government Rep
12. Union Representative
13. Accessibility Services
14. Office of Student Life
15. Human Resources
16. Equity Office
17. Other (Specify)



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5. How did you hear about the Ombudsperson's Office (please check all that apply)

1. Bookmark
2. Calendar
3. Poster
4. Website
5. Campus Student Screens
6. Graduate/Undergraduate Co-ordinator
7. Student Government
8. Office of Student Life
9. Faculty Member
10. Another Student
11. Registrar
12. Friend/Family
13. Social Media
13. Other

6. You may wish to leave this section blank until you have discussed your situation with us.

I authorize the Ombudsperson to request access to my U of T Record, if appropriate, and to contact U of T representatives about my concern.

1. NO
2. YES