#

**t: (807) 346-7763**

**e: humanrights@lakeheadu.ca**

**HUMAN RIGHTS COMPLAINT FORM**

The Office of Human Rights and Equity aims to realize the rights of all students, faculty, staff and visitors of Lakehead University through human rights protection, promotion and implementation by preventing and respond to discrimination, harassment and sexual violence.

Lakehead University is compliant with the Ontario Human Rights Code which gives everyone equal rights and opportunities without discrimination because of age, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status (including single status), gender identity, gender expression, sex (including pregnancy and breastfeeding), and sexual orientation. If you have experienced discrimination please fill up this form and send it to humanrights@lakeheadu.ca (or in person, Li 5012, Chancellor Paterson Library -Thunder Bay, or Simcoe Hall, Office of Student Affairs- Orillia) where it will be treated with the utmost confidentiality. If you feel that your safety is at risk in anyway, please contact Security immediately.

**Contact Information**

|  |
| --- |
| Today’s Date: |
| Name: | Date of Birth: | Email: | Phone: |
|  |  |  |  |
| Position at LU (circle one):StudentEmployee/FacultyOther | If employee/faculty, specify position:  | If student, specify program: | If other, specify: |

**Incident Details**

|  |  |  |
| --- | --- | --- |
| Type of Discrimination: * Verbal
* Mental/Emotional
* Physical
* Cyber (via social media or other digital applications)
* Systemic or Institutional
 | Discrimination Ground: Please select all that apply.* Race
* Colour
* Ancestry
* Creed (religion)
* Place of Origin
* Ethnic Origin
* Citizenship
* Sex (including pregnancy, gender identity)
* Sexual Orientation
* Age
* Marital Status
* Family Status
* Disability
 | Not Sure? Please Specify. |

**Incident(s)**

|  |
| --- |
| Date: Time: |
| Details of incident: Please specify name(s), date(s), time(s) and potential witnesses if applicable. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

(if you need more space please write on the back)

OFFICE USE

Reported:

Investigated:

Decision:

Date: