# Lakehead University Corporate Identity, 955 Oliver Raod, Thunder Bay, ON, P7B 5E1, lakeheadu.ca

Office of Human Rights and Equity

t: (807) 346-7765/85

e: humanrights@lakeheadu.ca

**Office of Human Rights and Equity**

**INTAKE 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 harassment or discrimination please fill up this form and send it to [humanrights@lakeheadu.ca](mailto:humanrights@lakeheadu.ca) 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**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Date of Birth: | Email: | Phone: |
|  |  |  |  |
| Position at LU (circle one):  Student  Employee/Faculty  Other | If employee/faculty, specify position: | If student, specify program: | If other, specify: |

**Incident Details**

|  |  |  |
| --- | --- | --- |
| Harassment:   * Verbal * Mental/Emotional * Physical * Cyber (via social media or other digital applications) | Discrimination: 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. |

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**Incident(s)**

|  |
| --- |
| Date: Time: |
| Details of incident: Please specify name(s), date(s), time(s) and potential witnesses if applicable. |
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(if you need more space please write on the back)

OFFICE USE

Reported:

Investigated:

Decision:

Date: