

McGill University

Office of the Ombudsperson for Students

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Fax: (514) 398-1946

Email: ombudsperson@mcgill.ca

Website: www.mcgill.ca/ombudsperson

Mandate

The Ombudsperson investigates, at the request of any member of the student body, any complaint that may arise between that student and the University or anyone in the University exercising authority. The Ombudsperson does not make University policy or replace proper legal channels but brings to the University's attention any apparent inadequacies in existing University procedures which may jeopardize the rights and liberties of any members of the University community. The Ombudsperson acts solely in an advisory and intermediary role and if required by both parties, mediates disputes between parties.

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: \_\_\_ Yes \_\_\_ No  
Alternate Phone: [ ] \_\_\_\_\_ Messages: \_\_\_ Yes \_\_\_ No  
Fax: [ ] \_\_\_\_\_ Email: \_\_\_\_\_

McGill Student Status:

\_\_\_\_\_ Student No.  Applying to McGill  
 Current/Returning Student  
 Former Student - last session attended: \_\_\_\_\_  
- graduated (degree/year): \_\_\_\_\_

Referred by:

Website  Poster  Student Services  Staff (academic/non-academic)  
 Radio  Newspaper  Student-run Org  Other: \_\_\_\_\_  
 Student Handbook/Calendar  Student/Friend

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**Description of your request for assistance:**

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**Others Consulted:**

Name / Title / Office

**Authorization:**

I understand that the Ombudsperson will treat my complaint in a confidential manner as appropriate, with the utmost care and respect for me and those individuals concerned.

I authorize the Ombudsperson, or his/her associate, to communicate with persons involved with my complaint and to access all official files and information on me held by the University and third parties as the Ombudsperson deems necessary to fulfill his/her function.

Signature:

Date: