

# INTAKE FORM

OFFICE USE ONLY

Date: \_\_\_\_\_

File \_\_\_\_\_



## MANDATE AND CONFIDENTIALITY

Algonquin College and the Algonquin Students' Association have established the Office of the Ombudsman for the purpose of providing an impartial advisor and informational resource for the student body. Reporting to the Ombudsman Review Committee, the Ombudsman operates in an impartial and independent manner, where appropriate, gathering information on the matter to evaluate perspectives of fairness. All information provided to the Ombudsman is considered confidential and will not be disclosed to any other person, without your express permission.

## PERSONAL INFORMATION

Student ID Number: \_\_\_\_\_

Name: (first last) \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cellphone: \_\_\_\_\_

College email: \_\_\_\_\_ Personal email: \_\_\_\_\_

## STUDENT STATUS:

Full-time  Part-time  Applicant  Alumni  
International Student  AC Online  On campus, remote and/or mixed delivery

Program: \_\_\_\_\_ in the Faculty/Institute/Department of: \_\_\_\_\_ Level: \_\_\_\_\_

## REFERRED BY:

- Student/Friend  Faculty  Counselling Services/CAL  Registrar's Office  Students' Association  
 Student Support Specialist  Student Support Services  Student Handbook  Website / Internet search  
 Other (specify) \_\_\_\_\_

## REQUEST FOR ASSISTANCE:

A brief description of your request for assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHERS YOU HAVE CONSULTED ABOUT THIS REQUEST. PLEASE SPECIFY:

- Dean \_\_\_\_\_  Chair \_\_\_\_\_  
 Coordinator \_\_\_\_\_  Professor \_\_\_\_\_  
 Student Success Specialist \_\_\_\_\_  Student Services Personnel \_\_\_\_\_  
 Registrar's Office Personnel \_\_\_\_\_  Financial Aid Personnel \_\_\_\_\_  
 Students' Association Personnel \_\_\_\_\_  Other \_\_\_\_\_

PLEASE COMPLETE BACK OF THIS PAGE.  
THANK YOU.



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### **AUTHORIZATION AND AGREEMENT**

I understand the Ombudsman at Algonquin College will treat my complaint in a confidential manner with the utmost care and respect for me and those individuals concerned. I authorize the Ombudsman to communicate with persons involved with my complaint and to access all official files and information on me, held by Algonquin College, Algonquin Students' Association and third parties, as the Ombudsman deems necessary to fulfill his/her function. I further consent to the Office of the Ombudsman discussing the content of my situation with whomever they find necessary.

This authorization continues to be valid until the Office of the Ombudsman completes or terminates the investigation, fact finding, intervention or makes recommendation(s) related to my case, or until I cancel or revoke, in writing, this authorization.

I agree that the files and work product of the Office of the Ombudsman and anything generated as a consequence of this request are for the use of the Office of the Ombudsman only and will not be made available to me and/or my representative(s) for any purpose and may not be used in any subsequent legal or regulatory proceeding, nor may the Ombudsman or any staff, volunteers or advisors of the Office of the Ombudsman be called to testify.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_