



# COMPLAINT FORM

*Bilingualism Centre*

Please print legibly in block letters

Date: Day / Month / Year

Name: \_\_\_\_\_

Tel. Home: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Postal code: \_\_\_\_\_

E-mail: \_\_\_\_\_

## **TYPE OF COMPLAINT** (check the appropriate item)

- |  |   |
|--|---|
| <input type="checkbox"/> Non-existent or insufficient French service | <input type="checkbox"/> Non-existent or insufficient English service |
| <input type="checkbox"/> Unilingual correspondence (English)         | <input type="checkbox"/> Unilingual correspondence (French)           |
| <input type="checkbox"/> Unilingual posting (English)                | <input type="checkbox"/> Unilingual posting (French)                  |
| <input type="checkbox"/> Offensive or derogatory content             | <input type="checkbox"/> Spelling errors (please provide context)     |
| <input type="checkbox"/> Ineffective communication                   |   |
| <input type="checkbox"/> Other: _____                                |   |

## **ENTITY RESPONSIBLE FOR THE SERVICE** (check the appropriate item or ask for assistance)

- Student Federation or its services (FÉUO / SFUO)
- Federated body of the SFUO (faculty or departmental student association)
- Student club associated with the SFUO (please specify)
- Graduate Students' Association or Café Nostalgica (GSAÉD)
- Contractor or business on campus (specify; ex. Chartwells) \_\_\_\_\_
- University of Ottawa (specify the department or service) \_\_\_\_\_
- Other: \_\_\_\_\_

**Date of incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone (or extension):** \_\_\_\_\_

## **Description of incident:**

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

\_\_\_\_\_  
Signature