

- * Suggested form
To be filled with the Assistance of the Associate Secretary General or the Student Ombudsman

**REQUEST FOR INTERVENTION BY THE STUDENT OMBUDSMAN
FOR KATIVIK ILISARNILIRINIQ**

Notwithstanding the duty to respect the confidential nature of your personal information, you hereby authorize Kativik Ilisarniliriniq's Student Ombudsman, its employees and representatives to obtain and use personal information pertaining to you and communicate such information to persons to whom it deems necessary to do so, in order to investigate and/or process your request.

If, at the end of this process a recommendation is issued, it will be forwarded to you in writing and copies will also be forwarded to the Associate Secretary General and the Council of Commissioners, the responsible body entrusted by law to follow-up on any opinion given on the merits of the complaint and, if any, the corrective measures recommended by the Student Ombudsman.

1. PETITIONER'S ADDRESS & OTHER INFORMATION (MANDATORY)

Student Information : (Please print)

Family name : _____ First name: _____

Name of School: _____

Permanent code : _____ Level : _____



Family name : _____ First name: _____

Relationship to student : FATHER MOTHER LEGAL GUARDIAN

Address : _____

City : _____ Postal Code : _____

Telephone : Home: _____ Work: _____

Fax: _____ Cell: _____

E-mail: _____

N.B.: If your request concerns other persons, it is important that you also submit these persons' names, phone numbers, and addresses. If more space is required, please attach a separate sheet.

2. PRELIMINARY QUESTIONS

2.1 Have you registered your complaint with the school board?

YES NO

2.2 Have you spoken with any of the following:

- Teacher Principal Vice-Principal
 Associate Secretary General
 Assistant Director General
 Director General

2.3 Have you lodged a written complaint to the Associate Secretary General?

YES NO



3. PLEASE DESCRIBE YOUR COMPLAINT

4. PLEASE DETAIL ALL STEPS TAKEN TO DATE IN ORDER TO TRY TO RESOLVE THIS PROBLEM.

5. LIST THE NAMES OF ALL REPRESENTATIVES WITH WHOM YOU HAVE DEALT WITH TO DATE WITH REGARD TO THIS SITUATION. PROVIDE TITLES, PHONE NUMBER AND WORK ADDRESS (IF YOU KNOW THEM). ALSO CONFIRM IF YOU CONTACTED THE COMMISSIONER OR THE CHAIR OF THE COUNCIL OF COMMISSIONERS

6. PROVIDE A COPY AND LIST BELOW ALL RELEVANT CORRESPONDENCE AND DOCUMENTS.

7. HOW WOULD YOU LIKE TO SEE YOUR COMPLAINT RESOLVED?

SIGNATURE

DATE

YOU MAY SUBMIT YOUR REQUEST TO: The Associate Secretary General



ᐅᑎᐱᐅ ᐃᓕᓴᓂᓕᑎᓂᓃᐅ
Kativik Ilisarniliriniq

KSB-06 / Policy on student
Ombudsman process
Date of adoption : April 5, 2016
Page 7 of 8