

Surname: _____

QUFA INQUIRY INTAKE FORM

Date	
Name	
Contact Information	
Appointment Type	
Academic Unit	

Brief outline of event, transaction, decision, or set of circumstances leading to current complaint or question	
Collective Agreement provisions implicated	
Date occurred and any other relevant date(s)	
Persons consulted to date, name and information received	
Issue Referred to JCAA – Date, append referral email	

QUFA Staff –

Please return completed form marked "Confidential" by Campus Mail to:

QUFA Office

9 St. Lawrence Ave

or

Fax: 613-533-6171//Email:ep43@queensu.ca