

BC HUMAN RIGHTS CLINIC APPLICATION

B.C. Human Rights Coalition
 1202 - 510 West Hastings Street
 Vancouver BC V6B 1L8
 Telephone: 604-689-8474
 Toll-free: 1-877-689-8474
 Fax: 1-604-689-7511

NOTE: The information you provide in this application will be used to determine whether you are eligible to receive client services, as well as for statistical purposes

Last Name		Middle Initial	First Name	
Street Address		City		Province
				Postal Code
Home Telephone		Work Telephone		E-mail
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Age	Education <input type="checkbox"/> High School <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other	
What is your first language?		Do you require interpretation/translation services? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, for which language?		
Do you have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please describe:				
What is the current net annual income for your household? <input type="checkbox"/> less than \$15,000 <input type="checkbox"/> \$35,000 to \$44,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> \$15,000 to \$24,999 <input type="checkbox"/> \$45,000 to \$74,999 <input type="checkbox"/> \$25,000 to \$34,999 <input type="checkbox"/> \$75,000 to \$99,999				
Number of people in household supported by this income: _____				
Do you belong to a union? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, which union:				
Have you obtained legal advice? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, from whom:				
Is anyone else assisting you with this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, who:				
Have you spoken/written to the Respondent(s) or taken any other action to deal with your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what did you do? _____				
What was the response? _____				
I declare that the above information is true to the best of my knowledge.				
_____			_____	
Signature			Date	