

## Stigma Reporting

This form is intended to provide documentation of abuse, harassment, and denial of accommodations for people experiencing Multiple Chemical Sensitivity (MCS). Sharing your experiences will help us to advocate for greater rights and support for people experiencing MCS.

Accommodations can be: fragrance-free environments, least-toxic product use (products suitable for you to have access to environments), healthy and appropriate renovation materials, no-smoking and no-vaping environments (all smoke, including from marijuana), fragrance-free health care access, fragrance-free health care personnel, fragrance-free services, etc.

If you have faced any form of stigma, abuse, harassment, or denial of appropriate accommodations we encourage you to fill out this form in order to help us advocate for appropriate accommodations and the human rights of people experiencing MCS. If you are unsure of the exact date an event occurred please estimate based on month and year.

Please share as much as you are comfortable with sharing.

The sections on this form are as follows:

1. Personal Information
2. Denial of Accommodation Request
3. Stigma in the medical community
4. Other experiences (other than formal denial of accommodation or challenges regarding medical care)
5. Concern about the INSPQ Report
6. Additional Information

**Please fill out only the sections that are relevant to you**

\* We encourage you to complete the entire form below and assure you of confidentiality. All items marked with an asterisk must be filled out.

**Personal Information**Name: Today's Date (yyyymmdd):\* 

Gender (please check one):

 Woman Man Non-binary Intersex

Address (Street and apartment):

City:\* Province/Territory/State: Postal code: Country:\* **Non-Request for accommodation despite experiencing disability (symptoms)**You have **not** requested accommodations even when you need them: Once twice three times four times five times

More

You **did not** request accommodation due to (check all that apply):

1. Fear of retaliation:  Yes  No

2. Fear of increased stigmatization:  Yes  No

3. Fear of verbal assault:  Yes  No

4. Fear of losing support from:

Family:  Yes  No

Friends:  Yes  No

Employment:  Yes  No

Health care professionals:  Yes  No

Other professionals (lawyer, architect, etc):  Yes  No

Housing:  Yes  No

Other (Please explain) : \_\_\_\_\_

**Accommodation Request**

If you are unsure of the exact date of your request please indicate the approximate year and month.

Date of Submission of Accommodation Request (yyyymmdd) (if you are uncertain please indicate the approximate year and month):

Who was the request submitted to (organization and/or name of person)?

Was this a private or public entity (Please check in box):

private

public

Please identify the domain:

Health care

Employment

Housing

Service and care providers

Municipality/township

School/education providers

Places of worship

Transportation

Other:

If the accommodation request was accepted, please indicate the date (yyyymmdd) (if you are uncertain please indicate the approximate year and month):

If the accommodation request was accepted, was the measure taken adequate (please check one):

Yes

No

If the accommodation request was accepted, please elaborate:

Did you submit a second request or follow up (please select one):

Yes

No

If yes, were appropriate measures taken (please select one):

Yes

No

Please elaborate on the follow up requests:

If the accommodation request was rejected, what was the date of Refusal of Accommodation Request (yyyymmdd) (if you are uncertain please indicate the approximate year and month):

What was the request for:

Event/symptoms that led to request for accommodation:

What was the reason cited for the rejection of accommodation? For example, was “undue hardship” cited? Was the INSPQ report “Multiple chemical sensitivity syndrome, an integrative approach to identifying the pathophysiological

mechanisms” published June 29, 2021 cited in your rejection of accommodation:

Yes

No

Was your request:

Verbal

Written

Please elaborate:

Do you have another person who you have discussed this event with and can testify about it?

Do you know of anyone else who received accommodation from the same source that inadequately addressed or refused your request?

Rate on a scale of 1 to 10 your level of collaboration to get accommodation (In other words, were you involved in the process of accommodating you. Were you willing to work with them?) (1 is completely unwilling to cooperate, 10 being completely willing to cooperate). (please check your selection below)

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10				

Rate on a scale of 1 to 10 the group responsible for accommodation's level of collaboration (In other words, were you involved in the process of

accommodations. Did they consult you? Listen to you?) to ensure accommodation (1 is completely unwilling to cooperate, 10 is completely willing to cooperate) (please check your selection below)

1     2     3     4     5     6  
 7     8     9     10

**In the process of requesting accommodation, have you experienced any of the following (Please check off all that apply)**

1. Confident while asking:     Yes     No
2. Fear of retaliation:     Yes     No
3. Fear of increased stigmatization:     Yes     No
4. Fear of verbal assault:     Yes     No
5. Fear of losing support from:
  - Family:     Yes     No
  - Friends:     Yes     No
  - Employment:     Yes     No
  - Health care professionals:     Yes     No
  - Other professionals (lawyer, architect, etc):     Yes     No
  - Housing:     Yes     No
  - Other (Please explain) : \_\_\_\_\_

Have you experienced any of the following **due to a request for accommodation?**

1. Increase in polluting activity:     Yes     No
2. Verbal assault:     Yes     No
3. Psychological assault (ex. Embarrassing you in public, treating you badly because of things you can't control):     Yes     No



Please elaborate:

Additional Comments:

### **Stigma in the Medical Community**

This section is for a form of stigma, abuse, or harassment you may have faced when attempting to get medical care. This could be a lack of accommodation, a doctor refusing to treat you or telling you it is all in your head. If you are comfortable sharing about the situation, please share additional details in the Additional Comments box. If you do not know the exact date please give the approximate month and year.

Location:

Date of event (yyyymmdd) (if you are uncertain please indicate the approximate year and month):

Did they cite the INSPQ report "Multiple chemical sensitivity syndrome, an integrative approach to identifying the pathophysiological mechanisms" published June 29 2021?

Yes

No

Were you referred to another service?

Yes

No

If you were referred to another service, what type of service?

Was the health professional refusing to treat you?

Yes

No

If yes, did the health professional refusing to treat you tell you to get another professional opinion?

Yes

No

Brief description of the situation:

Additional Comments:

**Other Experiences**

If you have faced any additional forms of stigma, abuse, or harassment please enter it here.

Date of the occurrence (if you are unsure of the date, please indicate the approximate year and month):

Location of the occurrence:

Who was involved in the situation (Manager, Human Resources, co-workers(s), etc., and/or, name of person with designation):

Additional Comments

**[Information about the INSPQ Report](#)**

Are you concerned about the INSPQ report “Multiple chemical sensitivity syndrome, an integrative approach to identifying the pathophysiological mechanisms” published June 29, 2021 cited in your rejection of accommodation?

Yes

No

What about the report or its consequences concern you the most?

Please elaborate about your thoughts regarding this report:

**Additional Information**

Please add any additional comments you would like us to know here.