



Complainant's Name (print): _____
Last First M.I.

Student ID No.: _____

Address: _____

City State Zip

Telephone: () _____

Office/Department/Individual Involved: _____

Complaint Taken By: _____

Reason for Complaint:

NOTE: Are there other pages or documents attached? YES _____ NO _____
Complaint Resolved? YES _____ NO _____

SUGGESTIONS: _____

TRANSFERRED TO: _____
NAME DEPT.

Date Signature of Staff Recording Complaint Complainant's Signature