

Complaint Resolution Form

Personal Information

Full Name: _____ Campus I.D. (if applicable): _____

Primary Phone Number: _____ Department or Agency: _____

Affiliation: Student Faculty Staff
 Community Member Other: _____

E-mail: _____ Date: _____

Complete all Areas that Apply

What is your request or concern?

What action was taken?

What is your reasoning for your request or concern?

What is the status or resolution?

Is there a referral?

SSD Office Use Only

Prepared by: _____ Date: _____

First Notification Date: _____ Person Contacted: _____

Telephone Left Message In Person Contact
 Mail E-mail Fax

Contacted by Staff Member: _____