Complaint Form – Level Two

Name: _____ Apt #:_____

UTEID: _____ Email: _____

Phone: _____ Alternate Phone: _____

Department: _____

Complaint details
Please clearly explain what you are complaining about and why. Please include any documentation that will help make your case.

Please state clearly exactly what response you are seeking.

Please indicate where you originally raised the complaint.

Name of person:_____ Date: __/__/__

What was the outcome?

Signature _____ Date: __/__/__