

COMPLAINT RESOLUTION

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: _____