

TUSKEGEE UNIVERSITY

HOUSING/RESIDENCE LIFE DEPARTMENT

STUDENT COMPLAINT/CONCERN FORM/RESOLUTION OF COMPLAINT (ON BACK)

(PLEASE PRINT, WRITE CLEARLY AND PRECISELY)

DATE: _____ NAME: _____

APT # &/or Residence Hall, RM# _____ STUDENT ID: _____

CLASSIFICATION: _____

LOCAL TEL#: _____ HOME: _____ CELL: _____

LOCAL MAILING ADDRESS:

_____ CITY STATE ZIP
PERMANENT MAILING ADDRESS:

_____ CITY STATE ZIP

STATE YOUR PROBLEM AND/OR CONCERN:

List all people who are aware of the matter or to whom you have discussed your concern(s):

(1) _____ (3) _____

(2) _____ (4) _____

Student's Signature

Resolution of Complaint/Concern

Date: _____

Student Name: _____	ID#: _____	Apt. # _____
Student Name: _____	ID#: _____	Apt. # _____
Student Name: _____	ID#: _____	Apt. # _____
Student Name: _____	ID#: _____	Apt. # _____

Resolution(s):

- Relocated (See Attached)
- Counseling Referral
- Judicial Referral (See Attached)
- Remained Roommates
- Other

Comments: _____

Director of Housing/Residence Life or Designee Signature