

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