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 ADDRE			SIAIE	ZII
	CITY		STATE	ZIP
STATE YOUR PROBLEM AND/O	OR CONCERN:			
STATE TOOK TROBLEM AND A	ik cortelia.			
List all people who are aware of the	matter or to wh		iscussed your concern	ı(s):
(1)		(3)		

Resolution of Complaint/Concern

Date: _____

ID#:	Apt. #
ID#:	Apt. #
 ID#:	 Apt. #
ID#:	Apt. #
	ID#: