

**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:

PERMANENT MAILING ADDRESS: CITY STATE ZIP

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)

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: \_\_\_\_\_

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Director of Housing/Residence Life or Designee Signature