



OFFICE OF STUDENT SERVICES

COMPLAINT FORM

(PLEASE TYPE ALL REQUIRED/HIGHLIGHTED FIELDS BEFORE PRINTING)

DEPARTMENT USE ONLY:	
Complaint Number:	Date Received:

COMPLAINT REGARDING:

Other Student Maintenance Housing Keeping Pest Control Other

YOUR CONTACT INFORMATION:

NAME	
First:	Last: T#:
ADDRESS	
Street:	
City:	State: Zip:
TELEPHONE NUMBERS	
Home:	Work:
Cell:	Fax:
EMAIL	

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING THE PERSON OR ISSUE YOU ARE REPORTING:

PERSON'S NAME	
First:	Last:
DEPARTMENT'S NAME	
Name:	
ADDRESS	

Street:	
City:	State: Zip:
TELEPHONE NUMBERS	
Home:	Work:
Cell:	Fax:
EMAIL	

PLEASE LIST THE NAME(S), ADDRESS (ES), AND TELEPHONE NUMBER(S) OF ANY WITNESS (ES) WHO HAVE OR MAY HAVE INFORMATION CONCERNING THE SUBJECT MATTER OF YOUR COMPLAINT:

COMPLAINT DETAIL: List the facts of your complaint in the order of their occurrence, starting with the earliest date and working forward.

PLEASE DESCRIBE HOW YOU WOULD LIKE TO SEE THE MATTER RESOLVED:

**WOULD YOU BE WILLING TO TESTIFY AT A HEARING OR DISCIPLINARY
CONFERENCE OR MEDIATION** Yes No

ADDITIONAL COMPLAINT DETAIL:

SIGNATURE BLOCK

The information contained herein and all enclosed documents are true and correct to the best of my knowledge. I understand that I may be required to testify at a hearing or disciplinary conference and that a copy of my complaint will be made available to the person or department against whom it is filed.

Signature of Complainant

Date

Signature of Complainant

Date

Note: Upon completion, please email to morelandm@TSU.EDU if a housing complaint. You may also submit form to the Leasing Office. If it is any other complaint, please email to rabb_ca@tsu.edu. If you have an immediate concern, please call 713-313-4409 or 713-313-7206.