Part 1 - Request for Services

Status: 
- [ ] Academic Professional
- [ ] Faculty Member
- [ ] Staff Member (Classified, Administrative, or Service Professional)
- [ ] Student

1. Individual filing complaint __________________________
   Name (title if university employee) ____________________
   Address or department ________________________________
   Phone ____________________________

2. Date dispute arose ________________________________

3. Department, college, or unit involved __________________________

4. Individual identified by complainant as suggested respondent :
   __________________________
   Name __________________________

5. Brief statement setting forth the specific issues in dispute: __________________________

   SAMPLE

6. Specific remedy desired: __________________________

   ____________________________________________
   ____________________________________________

   Signature __________________ Date __________________

   Ombudsperson Signature __________________ Date Received __________________

   Date Forwarded __________________

* In some cases the suggested respondent may not be in a position to participate in resolution, resulting in receiving department, college, or unit identifying another respondent appropriate to the solution.