

**INFORMAL COMPLAINT REPORTING FORM**

**Party Complaining:** \_\_\_\_\_ **Subject of Complaint:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Key Issues:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Desired Outcomes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Brief Description of Complaint:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List of alternative outcomes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Outcome: (Follow up)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Subject of Complaint Notified:** \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLACE IN ENVELOPE -- SEAL AND MARK "CONFIDENTIAL"**

**MAIL TO:**

**LEE KERN**

**A-319 IACOCCA HALL**