

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:

**CHRISTINE COLE
A-317 IACOCCA HALL**