

THE UNIVERSITY OF AKRON

University Libraries

Complaint Form

I am: Undergraduate Student Graduate Student Faculty/Staff Guest

Name: _____ UAnet ID _____

Address: _____

Home telephone: _____ Cellular telephone: _____

UA e-mail address ONLY _____

Nature of Complaint (check the appropriate box)		
<input type="checkbox"/> Policies	<input type="checkbox"/> Safety	<input type="checkbox"/> Other _____
<input type="checkbox"/> Technology	<input type="checkbox"/> Facility	<input type="checkbox"/> Faculty/Staff
Date: _____ Location: _____		
Complaint Summary <i>The statement should include a description of the events or circumstances upon which the complaint is based.</i>		

Signature: _____

Date: _____

Received by (UL Personnel): _____

Responded to by: _____

Date: _____

Attach all related documentation and forward to:

Stephanie Everett, Dean's Office, Bierce 161, +1701, severett@uakron.edu