



This form is to be used report complaints within the English Language Institute at Millersville University.

Name of Reporter	Title/Role	Date of Report/Incident
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Please give as much information as possible about the situation you are concerned about.

Who are the people involved with the situation described above that you are concerned about?

What action have you already taken to resolve the situation?

Please list possible solutions that you feel may be of help to you in this situation.

By signing below, you acknowledge that the information is correct. Please sign and date below.

Signature, Printed Name

Date

FOR OFFICE USE ONLY

Resulting Action/Follow-Up Action

Form Received By

Form Received On

Decision Made On

