

PLTS Complaint Investigation

Last Name

First Name

Telephone

E-mail

I request an investigation of the complaint described in the PLTS Complaint Abstract.

Signed By

Date

Attach this form to the PLTS Complaint Abstract and return to the Associate Dean of Academic Administration and Community Life.

For PLTS Use:

Received By

Date Received

Investigated By

Date of Beginning of Investigation

Date of Conclusion of Investigation

☐

Mutually Agreeable Constructive Outcome Reached
(append outcome described on a separate page)

Date Referred to Community Life Panel for Arbitration