



COLLEGE OF AGRICULTURE AND NATURAL RESOURCES  
Office of Human Resources Management & Compliance Programs

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**Appendix J - Program or Facility Complaint Form**

Type of Complaint	
<input type="checkbox"/>	Informal Resolution
<input type="checkbox"/>	Intermediate Resolution

**Program or Facility Complaint Form**

<b>Name</b>	
<b>Email</b>	
<b>Phone Number</b>	
<b>Location/ County</b>	

**COMPLAINT DETAILS**

<b>Date of Incident</b>		<b>Time of Incident</b>	
<b>Location of Incident</b>		<b>Who/ What is the subject of your complaint?</b>	

**Summary of complaint/ issue:**

  
  
  
  
  
  
  
  
  
  

**Proposed Resolution:**

  
  
  
  
  
  
  
  
  
  

**WITNESS DETAILS**

<b>Name</b>		<b>Phone Number</b>	
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