



Student Accommodation Complaint Form

The purpose of this form is to file a complaint regarding Student Accommodation Services (SAS). Please complete and return this STUDENT ACCOMMODATION COMPLAINT FORM and supporting information to:

Director of Student Accommodations
MATC
700 W. State Street, Room C-219
Milwaukee, WI 53219

All complaints will be reviewed by the Director of SAS.

Section One

Name: _____	Date: _____
Address: _____	
Student ID: _____	Phone: _____
MATC Email Address: _____	

Section Two

This complaint is being filed based on the following (check one):	
<input type="checkbox"/> _____	Customer Service
<input type="checkbox"/> _____	Facilities
<input type="checkbox"/> _____	Technology
<input type="checkbox"/> _____	Other (Please describe): _____

Section Three:

My Complaint is: _____

Section Four

I would like to see the issued resolved by: _____

Section Five

Please attached any supporting documentation.

Section Six

I understand that I must submit this form and the information requested in Section Five, along with any other information supporting my complaint to the Director of SAS, within three (3) business days of the incident. I authorize the Director of SAS to investigate and communicate with all parties involved.
Student Signature: _____
Date: _____

Section Seven:

Date Received: _____
Documentation Received: _____
Resolution: _____

