

# CONFIDENTIAL

## Ombudsman Committee Petition

1. Date of petition: \_\_\_\_\_

2. Name of petitioner: \_\_\_\_\_

3. Contact information: \_\_\_\_\_

4. Best time to contact: \_\_\_\_\_

5. Issue (Describe situation as completely as possible and indicate steps, if any, you have personally taken to address this issue. Use the back of this sheet, if necessary.):

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6. Parties involved (if applicable):

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7. Date(s) of incident (if applicable):

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(Committee Use Only)

Ombudsman Officer assigned to issue: \_\_\_\_\_

Ref. # \_\_\_\_\_

Initial and date process checklist:

Form Rec. \_\_\_\_\_ Adm. Contact \_\_\_\_\_ O.O. Assign. \_\_\_\_\_ Init. Inter. \_\_\_\_\_

Invest. Init. \_\_\_\_\_ Rep. Comp. \_\_\_\_\_ Pet. Cont. \_\_\_\_\_