

Student Ombuds Referral Form

Date _______Name _______Name _______Name ______Staff ____Student If Student, enter Student ID _______ I am: ____Faculty ____Staff ____Student If Student, enter Student ID _______ E-mail _______ Phone Number _______ Name of Individual you are contacting the Office about: ______ Describe in detail the issue you are contacting the Office about.

Provide names of individuals the Office should contact concerning this issue:

#1	 	 	
#2	 		
#3	 	 	
#4	 		

How should we contact you? (check all that apply)

____ E-mail

____ Phone

____ Face-to-Face

Items to consider moving forward:

- (1) The Office of Student Life will work as productively as possible to address this issue. Please keep in mind that a full resolution may take up to 20 business days, dependent upon a variety of factors.
- (2) As a member of Franklin University, the Office of Student Life is mandated to report any violations of the Student Code of Conduct, Employee Handbook, or local, state or federal law/ordinances to the appropriate reporting agency.

Please direct questions regarding this form to the Office of Student Life at <u>studentlife@franklin.edu</u>.