



# Florida A&M University

## University Ombuds

### OMBUDS Information

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Name:

Employee ID:

Job Title:

TELEPHONE:

Department

Date:

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Please provide a brief statement regarding your visit:

Is this your first visit about this issue?

Yes          No

If no, When?

Have you discussed this concern with any other University Administrator(s)?

Yes          No

If Yes, please provide the name(s):

What is your desired outcome/resolution to this issue?

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**FOR OFFICIE USE ONLY:**