Office of Information Technology Suggestion/Complaint Form

Customer Information

*Required Information

* First Name			Last Name	
* Email			* Phone	
*Status	Student Faculty	√ Sta	aff Alu	mni * Date
technology leader a proactive relation have a SUGGES check the type of description box to you have already within 48 hours. Is this a S	ionship with our constituents at STION or a COMPLAINT cond f service and whether your conto provide as much detailed information of the total of the state of the	eded to achieve and seek to concerning OIT's amments are of cormation as p	ve the University's attinue developing to services, we would fered as a suggestion ossible. If it is a confinement of the formation of the services of the ser	goals". We believe in maintaining the best services possible. If you d appreciate your input. Please
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Email	Help Desk	Instr	uctional Technology	MYDUSIS
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