



WEST LIBERTY UNIVERSITY  
COUNCIL OF CLASSIFIED EMPLOYEES  
**EMPLOYEE CONCERN CARD**

**PROCESSING RECORD:**

Received by Council \_\_\_\_\_

Council Response \_\_\_\_\_

Employee Contacted \_\_\_\_\_

In an effort to more effectively represent you, Staff Council invites you to use this form to communicate regarding issues affecting you, your fellow staff members, or the college operation in general. (If possible, please include a suggested remedy, solution, or plan relating to your concern.) Please print clearly. NOTE: Please list your contact information. Your rep will inform you of Council's response.

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CONTACT (phone/e-mail) \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

**CONCERN:**  COMMENT

QUESTION

SUGGESTION

**SUGGESTED...**  REMEDY/RESOLUTION

STRATEGIC PLAN