

# Buildings and Facilities Janitorial Cleaning Complaint Form

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**\*\* required**

**Building Name (\*\*)**

**Complainant Name (\*\*)**

**Room Number**

**Phone Extension (\*\*)**

**Date or Week Work Was Not Performed (\*\*)**

**Complaint (Choose all that Apply)**

- Garbage Not Emptied
- Restroom – Toilet Tissue Not Supplied
- Restroom – Hand Soap Not Supplied
- Restroom – Paper Toweling Not Supplied
- Carpeted Floors Not Vacuumed
- Hard Floors Not Swept or Mopped

**Comment**