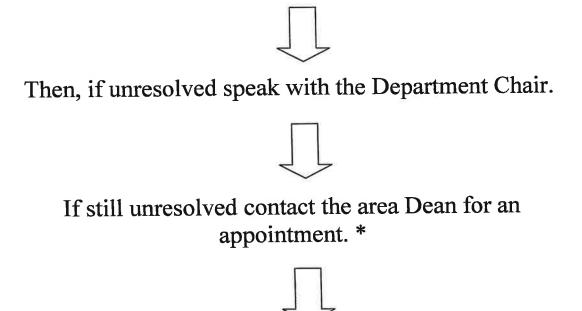
## **INSTRUCTOR COMPLAINTS**

The first step is to resolve the issue with your instructor.



If still unresolved contact the office of the Campus Ombudsperson for an appointment.\*

\* see reverse side for contact information

(Revised: 2015-10-8)

AA/Forms/Instructor Complaint

LOS ANGELES VALLEY COLLEGE ACADEMIC AFFAIRS		<u>STUDENT C</u> FOI		DATE:	
STUDENT NAME: ADDRESS: CITY & ZIP CODE: E-MAIL ADDRESS:	(last)	(first)		STUDENT ID. No. TELEPHONE HOME NUMBER WORK	 ( ) ( )
I HAVE TALKED WITH : OTHE INSTRUCTOR (check) NAME:		R	THE DEPAR	RTMENT CHAIR THE DEAN NAME:	
TYPE OF COMPLAINT:	GRADE				
COMPLAINT DES DATE OF INCIDENT/OC WITNESSES (if applical PLEASE DESCRIBE W	CCURENCE (if applicable):			Time of incident:	
				(continue	
ACTION / REMEDY RE	QUESTED BY STUDENT:			(continue)	e on reverse side)
				Complaint taken by:	
(students name - plese print) (students signature)				(name - please print) (date)	(time)
DATE	ACTION TAKEN BY ACADEMIC	C AFFAIRS:			
Distributed copies to: (check)	Vice President	Administrative Services	Student Services	Oepartment Chair	(Name and Dept Name)

STUDENT COMPLAINT FORM

DATE:\_\_\_\_\_

\_\_\_\_

COMPLAINT DESCRIPTION:			
DATE OF INCIDENT/OCCURENCE (if applicable):	Time of incident:		
WITNESSES (if applicable):	Place of incident:		
PLEASE DESCRIBE WHAT HAPPENED (attach another page if necessary):			