

Los Angeles Harbor College Student Services Student Complaint Form

Date

Email Address

First Name

MI

Last Name

Street Address

City, State, Zip Code

Student I.D. Number

Contact Phone #

Date of incident or situation

Where the incident occurred

Please describe what happened. Be as detailed as possible. (Continue on next page, if necessary)

How can we help to resolve this issue?

Signature & Date

TO BE COMPLETED BY THE STUDENT SERVICES OFFICE:

- Supervisor Notified Date: _____
- Student Contacted Date: _____
- Follow Up Completed Date: _____
- Reference #

Action Taken