

**LOS ANGELES VALLEY COLLEGE ADMINISTRATIVE SERVICES OFFICE OF THE VICE PRESIDENT
COMPLAINT FORM**

Your complaint is important to us. Please complete this form. When completed you may print this page but be sure to hit the SUBMIT button and your complaint will be forwarded to the Office of Administrative Services for follow-up. If you have included your email address you will receive a response indicating receipt within 72 business hours otherwise a letter will be mailed to _____.

DATE FILING COMPLAINT: _____ DATE INCIDENT HAPPENED: _____ TIME OF INCIDENT: _____

YOUR LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ / _____ / _____
City Zip Code

YOU ARE?			
CLICK ONE BOX TO SELECT			
<input type="checkbox"/> STUDENT	<input type="checkbox"/> FACULTY		
<input type="checkbox"/> STAFF	<input type="checkbox"/> VISITOR		

EMAIL: _____

IF STUDENT: ID NUMBER _____ IF EMPLOYEE: EMP NUMBER _____

PHONE NUMBER: _____ / _____ / _____
HOME WORK OTHER (CELL)

THIS COMPLAINT CONCERNS: SELECT ONE BY CLICKING IN THE BOX TO THE LEFT OF THE INVOLVED AREA.						
<input type="checkbox"/> FACILITIES	<input type="checkbox"/> BOOKSTORE	<input type="checkbox"/> FOOD SERVICE	<input type="checkbox"/> REPROGRAPHICS	<input type="checkbox"/> INFO TECH	<input type="checkbox"/> COMMUNITY SERVICES	
<input type="checkbox"/> OTHER (Please describe)	_____					

DESCRIPTION OF COMPLAINT:

CLICK BUTTON TO SUBMIT. BE SURE TO ALLOW.