

**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 the address you provided.

DATE FILING COMPLAINT: \_\_\_\_\_ DATE INCIDENT HAPPENED: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

YOUR LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City Zip Code

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

IF STUDENT: ID NUMBER \_\_\_\_\_ IF EMPLOYEE: EMP NUMBER \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
HOME WORK OTHER (CELL)

<p><b>THIS COMPLAINT CONCERNS: SELECT ONE BY CLICKING IN THE BOX TO THE LEFT OF THE INVOLVED AREA.</b></p> <p><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</p> <p><input type="checkbox"/> OTHER (Please describe) _____</p>
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DESCRIPTION OF COMPLAINT:

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CLICK BUTTON TO SUBMIT. BE SURE TO ALLOW.