



Los Angeles Valley College
Student Services
Student Complaint Form

Date: _____

Department: _____

If applicable, please indicate employee name: _____

Complaint Description:

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Student Name: _____

Student ID Number: _____

Contact/Cell Phone Number: _____

Student Signature: _____

**Your concerns are important to you.
After you have completed this form, please print it out and send it to the Vice
President of Student Services.**

EMAIL TO: hurwitfa@lavc.edu (Subject line: Complaint)
OR IN PERSON TO: VP Student Services Office, 2nd floor Student Services Center Bldg.
OR MAIL TO: Mr. Florentino Manzano
 L.A. Valley College, 5800 Fulton Ave., Valley Glen, CA 91401

Office Only – Follow Up: _____