

LOS MEDANOS  
COLLEGE

**Student Complaint Form**

For use in addressing complaints about an office, service, or college employee.

This form is to be completed by the LMC student and submitted to the Office of Student Life,  
Information Services Center, or the Counseling Center.

All information on this form is to be kept confidential.

Name of Student: \_\_\_\_\_ ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Step 1: Informal Procedure**

1. I met with a representative of the office/service or the employee to seek a resolution to the problem:

\_\_\_\_\_ on \_\_\_\_\_  
EMPLOYEE NAME MEETING DATE

2. I met with the immediate supervisor/manager or Department Chair:

\_\_\_\_\_ on \_\_\_\_\_  
IMMEDIATE SUPERVISOR/MANAGER/DEPT. CHAIR MEETING DATE

**Step 2: Formal Procedure (If not resolved in Step 1)**

My complaint involves: \_\_\_\_\_  
IDENTIFY THE EMPLOYEE OR DEPARTMENT

1. Describe the nature of your complaint (State what occurred, date, time, location, and provide facts to support your position, attaching additional page, if necessary.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. State the action or remedy that you believe will resolve the issue:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ DATE  
STAFF MEMBER\*

\*Sign and place in LMC campus mail as 'Confidential Complaint' and route to appropriate department.