



# East Los Angeles College

## Student Comment Form

Student ID: \_\_\_\_\_

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_

\_\_\_\_\_

Eve. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Comment involving a/an (check all that apply):

Instructor/ Last Name, First \_\_\_\_\_

Class and Section No. \_\_\_\_\_

Staff / Last Name, First \_\_\_\_\_

Student / Last Name, First \_\_\_\_\_

Please describe in detail what happened (print clearly).

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

Use back if necessary

Specific Resolution/Corrective Action Requested:

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

### Office Use Only

Notes:

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

Referred to: \_\_\_\_\_

Date: \_\_\_\_\_

