



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 number _____
- Semester in question _____
- Name of office _____
- Staff / Last Name, First _____
- Student / Last Name, First _____

Please describe in detail what happened *(print clearly)*

The Department Chair or Dean of department was / was not contacted. *(please circle)*

Specific Resolution / Corrective action requested:

Please read instructions below before submitting your comment***To resolve classroom/instructor issues:***

Step 1: Speak with the instructor.

Step 2: Speak to the Chair of the Department. (if needed)

Step 3: Speak to the Dean of the Department. (if needed)

Step 4: Go to the Student Services Office. (E1-213) Fill out a comment form, which will be forwarded to the Academic Affairs office. (G1-207)

Step 5: The Dean of Academic Affairs will review the issue and forward the results and form to Student Services.

Step 6: Student will be notified of the outcome.

To resolve Customer Service issues:

Step 1: Speak to the director or dean over the department.

Step 2: Fill out a comment form from the Student Services office (E1-213)

Step 3: Submit the form to the Student Services office. The issue will be investigated.

Step 4: The student will be notified of the outcome or resolution.

I understand that submission of this Comment Form:

_____ does not constitute the beginning of the Student Grievance Procedures as stated in E55.

_____ does not replace the need to provide a written Statement of Grievance as stated in E55, 4, a.

Student Signature _____ Date _____

Office Use Only

Fielded by: Office: _____ Name: _____ Title: _____

Fielded by: Office: _____ Name: _____ Title: _____

Resolution reached: _____

Student Notified on: _____