Louisiana Tech University Formal Complaint Form

Complete this form after attempting to resolve the issue through an informal complaint process. Hard copies may be submitted to the Office of Academic Affairs located in Wyly Tower 1653 or to P.O. Box 3188 Ruston, Louisiana 71272.

Which are you?	Quarter	Year	Date of Event	
E-mail address		Student CWID Number		
First Name		Last Name		
Street Address		Street Address Line 2		
City	State	Zip Code		
	Complaint Info	ormation		
Type of Grievance		College/Department		
Location of Event		Course ID & Number		
1. Please describe any and all attempts you have made to resolve the issue and to whom you spoke.				
2. Please explain the circumstances of your complaint. Be specific; include dates and names.				
3. What resolution to you hope to see as a result of this complaint?				

4. Have you filed a complaint with any other organization or entity related to this formal complaint? If yes, please provide the name of the organization(s) and the outcome.			
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Louisiana Tech University will use the information you prosubmitting this document, you consent to Louisiana Tech U confidential information that may be needed to review your organizations with jurisdiction and authority over the issue.	University's disclosure of any protected and/or r complaint, including referring complaints to other		
Signature of Complainant	Date Submitted		