

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 Wylly 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 Information

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 do 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.**

Louisiana Tech University will use the information you provide to assist with resolving your formal complaint. By submitting this document, you consent to Louisiana Tech University's disclosure of any protected and/or confidential information that may be needed to review your complaint, including referring complaints to other organizations with jurisdiction and authority over the issues.

Signature of Complainant

Date Submitted