

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 of ce _____
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:

Of ce Use Only

Fielded by: Of ce: _____ Name: _____ Title: _____

Fielded by: Of ce: _____ Name: _____ Title: _____

Resolution reached: _____

Student Noti ed on: _____