



LANGUAGE AND CULTURE INSTITUTE

**STUDENT COMPLAINT FORM**

*Student: Complete this page only and return to the assistant director for academics.*

Date event occurred: \_\_\_\_\_

Student's first name: \_\_\_\_\_

Student's last name: \_\_\_\_\_

Virginia Tech email address: \_\_\_\_\_@vt.edu

Course name and section (if applicable): \_\_\_\_\_ AM PM (Choose one)

Name of person or office: \_\_\_\_\_

Identify the category of your complaint (Check all that apply):

- Service
  - Building
  - Individual (instructor, staff person, student)
- 
- Coursework
  - Rules
  - Other

Describe the issue or concern (Be specific regarding who, what, when, and where):

Have you talked with the person involved regarding your concern? (If yes, please describe the outcome)

Signature \_\_\_\_\_ Today's date: \_\_\_\_\_

*Office Use Only:*

Actions taken:

Resolution:

Signature \_\_\_\_\_ Today's date: \_\_\_\_\_