



FINANCIAL AID COMPLAINT FORM

Instructions: Use this form to file a financial aid complaint. Make your comments concise and legible. Upon completion, submit the form to the Financial Aid Office, Attn: Mr. Michell Anderson, Financial Aid Manager. This form may also be submitted electronically via email at finaid@lacitycollege.edu or fax at (323) 953-4029.

A. Contact Information

| | |
|---------------|--|
| Student ID | |
| Name | |
| Address | |
| Home Phone | |
| Work Phone | |
| Mobile Phone | |
| Email Address | |

B. Nature of Complaint

| |
|--|
| Date of Complaint |
| Description of Complaint (Including Date & Department or Staff Involved) |
| Describe any efforts you've made to resolve the issue |
| What do you think is a fair resolution to your problem |

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|--|
| Financial Aid Response |
| (Upon completion, send a copy to the student, individual forwarding the complaint, and student file) |
| Decision: |
| _____ |
| _____ |
| Financial Aid Staff Responding to Complaint: _____ |
| Date: _____ |