



1201 Arrow Avenue
PO Box 730
Watertown, SD 57201
(605) 880-5284

COMPLAINT FORM

Lake Area Technical College is committed to investigating and resolving complaints from students, parents, faculty, and staff. As outlined in the grievance and complaint procedures in the student and employee handbooks, the first step is to try to resolve the issue with the individual or supervisor involved. If a resolution is not attained, the formal complaint process can be initiated.

To issue a formal complaint, please complete this form and submit to the Vice President.

Please print or type all information on this two page form.

COMPLAINANT INFORMATION		
Last Name:	First Name:	Middle Name:
Address:		
City:	State:	Zip Code:
Telephone:	E-mail Address:	Date of Complaint:
Program:		

Please check the box which best describes your status with the institution: Student Faculty/Staff Other

If a **student**, provide the following information:

Start Date of Attendance:	Last Date of Attendance:	Student ID No. or Social Security Number:
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Which category most accurately describes this complaint?

- Academic – Instructor Complaint
- Academic – Grade Appeal
- Academic – Other _____
- Student Services – Customer Service
- Student Services – Accommodations
- Student Services – Other _____
- Human Resources – Employee Complaint
- Financial – Appeal of Charges
- Title IX – Sexual Misconduct

Which department(s) or individual(s) are involved in this complaint?

DETAILS OF COMPLAINT

1. Please provide a brief explanation of your complaint. Attach additional pages if necessary and copies of all relevant documents.

2. How have you attempted to resolve the complaint with the individual or supervisor involved? (Include a description of the outcome.)

3. How would you suggest this complaint be resolved?

CERTIFICATION

I hereby certify that I am the named complainant and the above statements are true. I understand that this complaint and the information provided will be shared with the supervisor and individuals concerned.

Signature of Complainant:

Date:

FOR LAKE AREA TECH USE ONLY

Date Complaint Received:

Staff Assigned:

Date Complaint Closed:

Resolution: