Virginia Tech 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 (circle 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: ____________________
Actions Taken:

Resolution:

Signature: _____________________________        Today’s date:  ____________________