LACC
LOS ANGELES CITY COLLEGE

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

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: _____

855 North Vermont Avenue | Los Angeles, CA 90029
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E-mail: finaid@lacitycollege.edu