

Please fill out this form with as much information as possible. If you are filing a complaint based on discrimination or sexual assault/harassment, please use the Title IX reporting form located at <http://www.lamission.edu/Title-IX/Home.aspx>

Please visit our website for additional information (<http://www.lamission.edu/Grievance/Home.aspx>).

**Background Information (all fields below are required)**

Full Name	
Phone Number	
Email Address	
Reason/Category of Complaint (For example: General, Instructor, Student Services, Facilities, etc.)	
Date and time of Incident	
Office/Location	

Describe your complaint

Who have you spoken with already to try to resolve the matter informally?

What would you like to see happen?

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### Witnesses

If you have any witnesses that will support the basis of your complaint, please list them below.

#### Person 1

Name	
Phone number	
Email address	

#### Person 2

Name	
Phone number	
Email address	

#### Person 3

Name	
Phone number	
Email address	

### Supporting Documentation

Please attach any supporting documentation to this report.

This completed Complaint Form can be submitted in person or by U.S. mail to:

Los Angeles Mission College  
Office of Academic Affairs (Instructional Building, room#1080)  
13356 Eldridge Avenue  
Sylmar, Ca 91342

Please allow five working days for us to respond.