

Student Complaint Form Online Program

To initiate a complaint, a student must complete and submit this form to Labouré College of Healthcare by email or mail.

All fields are required.

First Name	
Last Name	
Email Address	
Phone	
Street Address	
City	
State	
Zip Code	
Country	
Please describe your complaint/inquiry in detail. Include all relevant names or pertinent information.	

Course Information

Course Title		Course Number and Section (Ex. PSY 1010C)	
Year		Semester	
Professor's Name		Course Format	
Describe any action you have taken to resolve this matter.			

Signature (Insert your electronic signature or type your full name here.)	
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Forms and supporting documentation may be emailed to academic_affairs@laboure.edu or mailed to the mailing address below, Attn: Associate Vice President of Academic Affairs.

Questions regarding the form itself or the status of a submitted complaint/inquiry may also be addressed to the Associate Vice President of Academic Affairs.