

# Laredo College

5500 S. Zapata Highway, Laredo, Texas. 78040

Complaint Referral Form

## Diagnostic Medical Sonography Program

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### Complaint Against

Name: \_\_\_\_\_

DMS Program    DMS Program Faculty    DMS Student    DMS Graduate

### Person Filing Complaint

Name: \_\_\_\_\_

Student    Physician    Clinical Instructor    Employer    Patient    Other

Address:

City:

State:

Zip:

Phone Number:

E-mail:

### Details of Complaint

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The completed form can be mailed or e-mailed to the address listed at the top or to [hortencia.gonzalez@laredo.edu](mailto:hortencia.gonzalez@laredo.edu)

- Neither the Board nor any College employee shall unlawfully retaliate against any member of the general public for bringing a concern or complaint.