

# Laredo College

5500 S. Zapata Highway, Laredo, Texas. 78040

## Complaint Referral Form

### Radiologic Technology Program

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#### Complaint Against

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

☐ RT Program   ☐ RT Program Faculty   ☐ RT Student   ☐ RT 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.