



## E-55 Form 1 STATEMENT OF GRIEVANCE

Student Name \_\_\_\_\_ SID # \_\_\_\_\_ College \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

This grievance is being filed under the procedures in LACCD Administrative Regulation E-55 (*Student Grievance Procedures*). The purpose of the grievance procedure is to provide a prompt and equitable means for resolving student grievances. A grievance may be initiated by one or more students who reasonably believe he/she/they have been subject to unjust action or denied rights involving their status or privileges as students. It is the responsibility of the student(s) to submit proof of alleged unfair or improper action. Grievances pertaining to grades are subject to California Education Code Section 76224(a).

This grievance procedure does NOT apply to the following: challenges to prerequisites, corequisites, advisories and limitations on enrollment; alleged violations of sexual harassment; appeals for residency determination; eligibility, disqualification or reinstatement of financial aid; student discipline, freedom of the press; or employee discipline (see Admin. Reg. E-55 for additional information).

When were you subject to unjust action or denied your rights as a student (i.e., date of incident):
Where were you subject to unjust action or denied your rights as a student:
Name the individual(s) who allegedly took unjust action or denied you your rights involving your status or privileges as student:
State your reason for this grievance:
If this is a grade grievance, have you filed a petition for grade change? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this is a grade grievance, indicate on which ground(s) you believe your grade is incorrect, and explain these grounds below: <input type="checkbox"/> mistake <input type="checkbox"/> fraud <input type="checkbox"/> bad faith <input type="checkbox"/> incompetence
<i>(Use additional pages if necessary)</i>
List the policies violated (if applicable):
State the Remedy/corrective action requested:

The College Ombudsperson has informed me of my rights and responsibilities under Admin. Reg. E-55 and has provided me with a copy of the regulation.

I have informed the student of his or her rights and responsibilities under Admin. Reg. E-55 and I have given a copy of the regulation to the student.

\_\_\_\_\_  
Signature of Student                      Date

\_\_\_\_\_  
Signature of Ombudsperson                      Date

Copy to Respondent (s)                       Date:



# E-55 Form 2 REQUEST FOR FORMAL GRIEVANCE HEARING

Student Name \_\_\_\_\_ SID # \_\_\_\_\_ College \_\_\_\_\_ Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Pursuant to LACCD Administrative Regulation E-55, I hereby request that a Formal Grievance Hearing be held to hear and make a recommendation on my grievance.

I request the College Ombudsperson to secure the following information and/or documentation to be included as part of the record of the Formal Grievance Hearing. *I understand that any information will be provided in a form that does not violate the privacy of others.*

I request that the following Respondent(s) be present at the Formal Grievance Hearing:

I will arrange for the following individuals to be present at the Formal Grievance Hearing as witnesses:

I would like the assistance of a Student Advocate as described in Section 4(b) of LACCD Administrative Regulation E-55.  Yes  No

\_\_\_\_\_  
 Signature of Student                      Date                      Signature of Ombudsperson                      Date

Copy to Respondent(s)  Date: