



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: