

E-55 Form 1 STATEMENT OF GRIEVANCE

Student Name		SID #	Col	lege	Date
Street Address		City		State	ZIP
Phone Number	E-mail				
purpose of the grievan initiated by one or mo their status or privileg	g filed under the procedures in LACCE ce procedure is to provide a prompt and re students who reasonably believe he/ses as students. It is the responsibility of to grades are subject to California Edu	d equitable mea she/they have b of the student(s)	ans for resolving steen subject to unjue to submit proof of	tudent grievances. 1st action or denied	A grievance may be rights involving
enrollment; alleged vie	ure does NOT apply to the following: colations of sexual harassment; appeals and discipline, freedom of the press; or expectations.	for residency de	etermination; eligi	bility, disqualificat	ion or reinstatement
When were you subject	et to unjust action or denied your rights	as a student (i.	e., date of incident	i):	
Where were you subje	ect to unjust action or denied your rights	s as a student:			
Name the individual(s) who allegedly took unjust action or de	enied you your	rights involving y	our status or privile	eges as student:
State your reason for t	his grievance:				
If this is a grade grieva	ance, have you filed a petition for grade	e change?	Yes No		

Form E-55-1 Ver. 09/07



E-55 Form 1 STATEMENT OF GRIEVANCE

If this is a grade grievance, i ☐ mistake	ndicate on which ground(s) you fraud	believe your grade is incorrectly bad faith	t, and explain these groun incompetence	ds below:				
List the policies violated (if applicable):								
"								
State the Remedy/corrective action requested:								
The College Ombudsperson and responsibilities under Acprovided me with a copy of	•	responsibilities u	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 Stude	ent Date	Signature of	Ombudsperson	Date				
Copy to Respondent (s)	Date:							

Form E-55-1 Ver. 09/07