



REQUEST FOR FORMAL GRIEVANCE HEARING

Name: _____ Student Id: _____ Date: _____

In keeping with the provisions of LACCD Administrative Regulation E-55, I 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 provided in this does not violate the privacy of others.***

I would like the following individuals to be present at the Formal Grievance Hearing as witnesses.

_____ *I understand that it is my responsibility to contact these witnesses and secure their presences during the hearing.*
(initial)

_____ *I understand that I may not be represented by legal counsel and hereby declare that the individuals listed above are not attorneys.*
(initial)

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

My most convenient times for this hearing are:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday
9am 10am 11am 12 noon 1pm 2pm Other: _____

Student Signature Date Ombudsperson Signature Date

Copy to Respondent(s) Date: