



Grievance Hearing Request and Student Statement of Grievance

(Administrative Procedure 5530)

Name: _____ ID#: _____

Phone: _____ Email: _____

Please attach a statement of your alleged grievance; include specifics in your statement:

- State your alleged grievance
- Date of alleged grievance
- Name and title of respondent(s)
- Names and contact information for any witnesses to the alleged grievance
- Informal resolution
 - Date of discussion with respondent(s) – First Level – Informal Grievance
 - Provide a summary of discussion with respondent(s)
 - Name and date of discussion with immediate supervisor – Second Level – Informal Grievance
 - Provide/attach immediate supervisor's response to alleged grievance
 - Name and date of discussion with next-level administrator – Third Level – Informal Grievance
 - Provide/attach next-level administrator's response to alleged grievance
- State the resolution being sought – what do you believe is an equitable solution to your alleged grievance?
- Your signature below indicates your request for a Grievance Hearing. Please submit this form and your Statement of Grievance to the Vice President for Student Services Office. Your request for a Grievance Hearing and your Statement of Grievance must be received within ten (10) days after receiving a decision from the next-level administrator – third level – informal grievance.**

Student's Signature: _____ Date: _____

Grievance Hearing Request and Statement of Grievance Received by: _____ Date: _____