



# Student Grievance Form

455 E Carson Plaza Drive #C Carson CA 90746

This Student Grievance Form provides guidance for students in following the grievance process for academic and non-academic grievances. This form is to document your grievance.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First MM/DD/YYYY*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
: : : :

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

**Respondent**, the person or policy against which the grievance is made \_\_\_\_\_

**Please indicate the type of grievance** (Check all that apply):      Non-academic      Academic

In the space below, state your grievance. Be as specific as possible. If this is an academic grievance (including a grade appeal), please give the faculty's name, course name. Please identify any specific policy or procedure you believe was applied to you unfairly, or the basis for any claim. If you need additional space, please attach a brief statement.

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If you have attached any documents to this form, please list them in the space below and indicate how they support.

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In the space below, please state the remedy you are seeking.

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If the matter is still not resolved, you may appeal in writing to the Campus Director within 48 hours days of receiving the outcome at Level Two. Include a copy of the Level Two decision and any supporting documents.

\_\_\_\_\_  
Student's Signature

DATE \_\_\_\_\_



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