



# East Los Angeles College

## 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.

\_\_\_\_\_  
*(initial)* ***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.***

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: