



LATTC - E-55 Form 1 Statement of Grievance

Student Name: _____ Student ID #: _____

Date of Birth: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number -Primary: _____ Secondary: _____

This grievance is being filed under the procedures in LACCD Administrative Regulation E-55 Student Grievance Procedures. Please see Administration Regulation E-55 for complete information on the process.

Final Grade being grieved in the following course(s):

Course: _____ Semester: _____ Instructor: _____

Name the individual(s) who allegedly took unjust action or denied your rights involving your status or privileges as a student:

Have you filed a petition for a grade change with Admissions?

Yes No

Did you receive a denial letter? Yes No Date of Denial Letter: _____

For this grade grievance, indicate on which grounds you believe your grade is incorrect, and explain these grounds below:

Mistake Fraud Bad Faith Incompetence

(use additional pages if necessary, attach supporting documentation)

List policies violated (if applicable):

State the Remedy/Corrective action you are requesting:

I request the college Ombudsperson to secure the following information and/or documentation to be included as part of the record to substantiate my grounds: ***(I understand that any information will be provided in a form that does not violate the privacy of others).***

I request that the following individuals be interviewed to substantiate my grounds: ***(I understand that any information provided will not violate the privacy of others, but if the witness does not consent to the interview being part of the permanent record, it will not be included if the matter proceeds to formal hearing).***

I understand that if an informal resolution agreement is not reached within thirty (30) instructional days from the date I submit this form to Compliance, the matter will proceed to review by the Grievance Hearing Committee.

If this matter proceeds to Hearing, I request that the following Respondent(s) be present at the Formal Grievance Hearing:

If this matter proceeds to Hearing, I will arrange for the following individuals to be present at the Formal Grievance Hearing as witnesses:

The Grievant may represent him or herself, or be represented by a person of their choice, except the Grievant shall not be entitled to representation by legal counsel. In selecting a representative, the Grievant may choose an Advocate for Students, but is not required to do so.

- I will represent myself.
- I will obtain my own representative. (If you choose this option you must provide the representative's name to the Ombudsperson five (5) instructional days prior to the hearing, and state the nature of their relationship to you: i.e. friend, fellow student, parent, etc.).
- I would like the assistance of a Student Advocate as described in Section 4(b) of LACCD Administrative Regulation E-55.

I have received a copy of Administrative Regulation E-55, Student Grievance Procedures, informing me of my full rights and responsibilities.

Signature of Student

Date

FOR USE BY OFFICE STAFF ONLY:

Copy to Grievant

Date: _____

Copy to Respondent(s)

Date: _____