



Student Support Services

Office: SS-104 Phone: (562) 463-3209

Statement of Grievance

Name: _____ Date: _____
Last First

Address: _____
Street, State, Zip Code

Student ID #: _____ Phone: _____ E-mail: _____

Please check one: Academic Grievance Non-Academic Grievance

If Academic, check the category(s) that apply (must have supporting documentation):

Mistake Fraud Bad Faith Incompetency

If Non-Academic, specify: _____

Date of the incident on which the grievance is based or date that you learned of the basis for the grievance (whichever is later): _____

Person(s) charged: _____

Clearly specify your grievance on a separate written OR typed statement and include any supplement documentation.

Requested outcome (specify the solution/action you want taken):

Steps you have taken to attempt to resolve the grievance:

Student Signature

Date

7/30/12, 3/15/16, 11/22, 1/25