



**San Diego Community College District
STUDENT GRIEVANCE HEARING REQUEST**

Student Name _____ CSID _____

Address _____
Number Street City Zip

Phone # (____) _____ Email _____

College/Campus of Enrollment _____

Date of Incident _____

List the steps you have taken with regard to resolving this grievance with all parties involved

Specify the outcome of the informal process with the abovementioned parties

Specify the remedy you are requesting

Representation at hearing

I wish to be accompanied by an advisor

Advisor Name _____

Address _____
Number Street City Zip

Phone # (____) _____ Email _____

Student Signature _____ Date _____