



# San Diego Community College District Statement of Student Grievance

Student Name: \_\_\_\_\_  
(PRINT) Last First MI

Student ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Were you a student at the time of the incident?  Yes  No

If yes, indicate college/campus of enrollment: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Have you tried to resolve this matter informally with all parties?  Yes  No

- Academic or Course Related parties include the faculty member, Department Chair, and Instructional Dean
- Non-Academic/Miscellaneous parties include the other person/party, immediate supervisor, and appropriate manager

**Specify basis of grievance** (attach additional pages if necessary)

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**Indicate which of the Student Rights have been violated** (Refer to Board of Trustee Policy 3100 for details)  
(Select all that apply)

- Right to impartial, objective evaluation of academic performance
- Right to exercise free expression
- Right to be free from acts or threats of intimidation, harassment, or physical aggression
- Right to be free from the imposition of disciplinary sanctions without due process
- Right to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion
- Right to participate in the formation of policy affecting them in accordance with established procedures of shared governance
- Right to petition to organize interest groups and/or join student associations
- Right to develop student publications
- Right to receive appropriate accommodations for verified disabilities

**Specify remedy requested**

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**Witnesses (if any)** (attach additional pages if necessary)

1) Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

2) Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

3) Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

4) Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I certify that the above information is true and correct to the best of my knowledge.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Complaints involving Sexual Harassment and Discrimination – Meet with Site Compliance Officer
- Complaints involving violations of Student Rights and/or Student Code of Conduct – Meet with the Dean of Student Affairs
- Complaints involving violations of Academic Accommodations for Students with Disabilities – Meet with 504 Officer
- Complaints involving Grade Challenges – See School Dean

**CHECK YOUR COLLEGE CAMPUS DIRECTORY FOR CONTACT INFORMATION**