UNIVERSITY STUDENT GRIEVANCE COMMITTEE
STATEMENT OF GRIEVANCE

TO: California State University, Los Angeles
University Student Grievance Committee
Dean of Students Office
Student Affairs Building, Room 115A
5151 State University Drive
Los Angeles, California 90032

FROM: _____ (*Name of Student*)
Last *First* *Middle*

CIN: _____

DATE SUBMITTING GRIEVANCE: _____

ADDRESS OF STUDENT: _____
Number *Street*

_____
City *State* *Zip Code*

TELEPHONE: Day: _____ Evening: _____

BEST TIME TO CALL: _____ AM _____ PM

NAME(S) AND POSITION(S) OF PERSON(S) AGAINST WHOM GRIEVANCE IS FILED:
(please print)

1. _____ _____
Name *Title*

2. _____ _____
Name *Title*

3. _____ _____
Name *Title*

4. _____ _____
Name *Title*

NOTE: If you need more space to respond to any of the following, please attach separate pages for each item. Be sure to label each page clearly. If you wish to attach material to this form, please do so by way of clearly labeled and referenced appendices (Appendix A, Appendix B, etc.). Please refer the reader to the appropriate appendix in the text of your grievance.

Causes of actions (What right has been denied, and/or what harm has been done?):

_____
_____
_____
_____
_____

Facts (What evidence supports the grievance allegation? How may this be verified?):

_____
_____
_____
_____
_____

History (What steps have been taken previously to remedy this situation; who has been consulted, and when?):

_____
_____
_____
_____
_____

Remedy (What solution, if any, does the student want to the grievance?):

_____
_____
_____
_____
_____

Signed: _____ Dated: _____

Reminder: *Keep a duplicate set of this form and all attachments! File original with the Dean of Students Office, Student Affairs Building, Room 115A.*