



# Form AP-5530-2: Request for Formal Grievance Hearing

Los Angeles Community College District

Student Name

Student ID Number

College

Date

Street Address

City

State

Zip

Phone Number

E-mail

Pursuant to LACCD Administrative Procedure 5530, I hereby request that a Formal Grievance Hearing be held to hear and make a recommendation on my grievance.

I request the College Ombudsperson to secure the following information and or documentation to be included as part of the record of the Formal Grievance Hearing. I understand that any information will be provided in a form that does not violate the privacy of others.

I request that the following Respondents be present at the Formal Grievance Hearing:

I will arrange for the following individuals to be present at the Formal Grievance Hearing as witnesses:

I would like the assistance of a Student Advocate as described in Section 4(b) of LACCD AP 5530. (Choose one option.)

Yes

No

Signature of Student

Date

Signature of Ombudsperson

Date

Date Copy Sent to Respondents: