

**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.