

**UNIVERSITY STUDENT GRIEVANCE COMMITTEE  
STATEMENT OF GRIEVANCE**

TO: California State University, Los Angeles  
University Student Grievance Committee  
Judicial Affairs 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. | _____       | _____        |
|    | <i>Name</i> | <i>Title</i> |
| 2. | _____       | _____        |
|    | <i>Name</i> | <i>Title</i> |
| 3. | _____       | _____        |
|    | <i>Name</i> | <i>Title</i> |
| 4. | _____       | _____        |
|    | <i>Name</i> | <i>Title</i> |

**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?):

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

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

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

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Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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