



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)

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

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