



San Diego Community College District Student Grievance Hearing Request

Campus of Enrollment: City Mesa Miramar

Student Name: _____
(PRINT) Last First MI

Student ID Number: _____ Today's Date: _____

E-mail: _____ Telephone: _____

Location of Incident: _____ Date of Incident: _____

List the steps you have taken with regard to resolving this grievance with all parties involved:

Specify the outcome of the informal process with the abovementioned parties:

Specify the remedy you are requesting:

Representation at hearing: (select one)

- I do not request to be accompanied by an advisor.
- I wish to be accompanied by an advisor:

Advisor Name: _____

Address: _____
Street City State Zip

Telephone: (_____) _____ E-mail: _____

I certify that the above information is true and correct to the best of my knowledge.

Student Signature: _____ Date: _____