

## E-55 Form 2 REQUEST FOR FORMAL GRIEVANCE HEARING

Student Name	SID #	College	Date
Street Address	City		State ZIP
Phone Number	E-mail		-
Pursuant to LACCD Administrate to hear and make a recommendat		ereby request that a Forma	l Grievance Hearing be held
I request the College Ombudsper part of the record of the Formal C form that does not violate the pro-	Grievance Hearing. <i>I un</i>		
I request that the following Respo	ondent(s) be present at t	he Formal Grievance Heari	.ng:
I will arrange for the following in	ndividuals to be present	at the Formal Grievance He	earing as witnesses:
I would like the assistance of a St Regulation E-55.   Yes	tudent Advocate as desc No	ribed in Section 4(b) of LA	ACCD Administrative
Signature of Student	Date	Signature of Ombuds	sperson Date
Copy to Respondent(s)	Date:		

Form E-55-2 Ver. 09/07