



**GRIEVANCE FORM**

Name of Student : \_\_\_\_\_ Student number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

College Process or Individual You Are Grieving: \_\_\_\_\_

Action You Are Requesting: \_\_\_\_\_

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1. Nature of the problem

\_\_\_\_\_  
\_\_\_\_\_

2. A statement of the steps initiated by the student to resolve the problem by informal means

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. A description of the general and specific grounds on which the grievance is based.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. A listing, if relevant, of the names of all persons involved in the matter at issue and the times, places and events in which each person so named was involved.

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to:

The Office of the Vice President of Student Services  
4200 Farm Hill Blvd. Bldg. 8 Room 209  
Redwood City, CA 94061  
Phone # 650-306-3318 Fax # 650-306-3478