

E-55 Form 2 REQUEST FOR FORMAL GRIEVANCE HEARING

Student Name	SID #	College	e Date
Street Address	Cit	y	State ZIP
Phone Number	E-mail		_
Pursuant to LACCD Administrato hear and make a recommend	_	nereby request that a Forn	nal Grievance Hearing be h
I request the College Ombudspopart of the record of the Formal form that does not violate the p	Grievance Hearing. I u		
I request that the following Res	pondent(s) be present at	the Formal Grievance Hea	aring:
I will arrange for the following	individuals to be present	at the Formal Grievance	Hearing as witnesses:
I would like the assistance of a Regulation E-55. Yes	Student Advocate as des	cribed in Section 4(b) of I	LACCD Administrative
Signature of Student	Date	Signature of Ombu	dsperson Date
Copy to Respondent(s)	Date:		

Form E-55-2 Ver. 09/07