

**Los Rios Community College District
Student Grievance Form**

(Check one)

American River College Cosumnes River College Folsom Lake College Sacramento City College

Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____

Student ID: _____
Date of Grievance: _____
Email: _____

PART I (To be completed by Student Only)

Step 1.

A. What are you grieving, i.e. what was the alleged act of wrong doing? (Attach pages if needed)

B. Against whom is the grievance being filed (name(s))?

C. What relief or result are you seeking?

Step 2. (Level 1) Informal Resolution

(Student must initiate the Informal Resolution process within 10 days of grievable act):

A.

Date: _____ Met With: _____

Result: _____

B.

Date: _____ Met With: _____

Result: _____

If the informal meeting process does not successfully resolve the problem within ten (10) days after the date of being initiated, the student may file a formal grievance by signing and submitting this form to the Grievance Officer.

Student Signature: _____ Date: _____

(IMPORTANT to STUDENT- This form must be filed within 5 days after the conclusion of informal meeting(s) and within 25 days of the date of the grievable act.)