

STUDENT CONDUCT, RIGHTS, AND RESPONSIBILITIES

REQUEST FOR A FORMAL STUDENT GRIEVANCE HEARING

Name _____ Date _____

Address _____ Phone _____

Student ID # _____ Class Level _____

Student's Major _____

Department in Which Complaint Arose _____

Semester in Which Complaint Arose _____

Respondent (Grievance Against) _____

Course Name _____ Course # _____

Members of the University Community Involved in Attempting an Informal Settlement:

Referred By _____

Nature Of Grievance

Remedy Sought

Please attach any supporting documentation or email to scrr@csuchico.edu

I certify that I attempted to resolve this matter informally:

Signature

Date