

## REPORT OF STUDENT GRIEVANCE

## Complete and file with the Dean of Student Services in Cesar Chavez Bldg. 1400, Room S109

Student filing report	Click here to enter last name.	Click here to enter name.	first Click here to enter middle initial.
SWC I.D. No. Clie	ck here to enter ID No.	Telephone Numbe	Click here to enter Number
Any student who reasonably believes that a college decision or action has adversely affected the student's rights or privileges as a student may file a Report of Student Grievance.			
A Report of Student Grievance must be filed before the end of the semester in which the incident occurred or within 30 days if the incident occurred during the last two (2) weeks of the semester.			
Date of Incident(s)	Click here to enter a dat	e	
Location	Click here to enter locat	tion	
Grievance against	Click here to enter name	e of person(s)	
This person is a:	Student F	faculty Member	College Staff Member
<ul> <li>Please describe the specific problem(s) in a clear and concise statement: <u>attach</u> <u>additional pages if necessary on a word document.</u>         Click here to enter text.</li> </ul>			
<ul> <li>Please describe the resolution, corrective action or remedy sought:</li> <li>Click here to enter text.</li> </ul>			
<ul> <li>Please describe a summary of actions you have already taken to attempt to resolve the issue:</li> <li>Click here to enter text:</li> </ul>			
Discussed with indivi	idual YES	□ NO	
Witness(es) Name	Click here to enter name	e ID#	Click here to enter ID No.
Department: Click l	here to enter department		
Student's Signature:		Date:	Click here to enter a date.

Note: Complaints under Section 504 and/or Americans with Disabilities Act are made to the Section 504 Coordinator in Office of Student Services. Complaints of sexual harassment and other forms of unlawful discrimination are made to the Vice President for Human Resources, Room 1660