



Palo Verde College Request for Student Grievance Hearing Form

(In accordance with Administrative Procedure 5530 - Student Rights & Grievances)

Name of Student _____ (Please print)

Student ID Number _____ (Please print)

Because a satisfactory remedy was not accomplished during the Informal Resolution Process, I hereby request a Grievance Hearing

Student Signature _____ Date: _____

To be completed by Grievance Hearing Committee:

Chairperson selected (name): _____

Date: _____ Time: _____ Place: _____

Participants:

Outcome/Resolution (Attach additional sheets if needed):

For Office Use Only:

Grievance Review

Date reviewed by committee: _____
Date notification sent: _____

Appeal to Superintendent/President (if applicable)

Date appeal received: _____
Date sent to Supt/Pres for review: _____
Date notification sent: _____

Grievance Hearing (if applicable)

Date hearing scheduled: _____
Date notification sent: _____
Date outcome sent: _____

Date file closed: _____

Appeal to VPISS (If applicable)

Date appeal received: _____
Date sent to VPISS for review: _____
Date notification sent: _____