



Student Grievance Form

Student Affairs • 1000 W. Foothill Blvd., Glendora, CA 91741-1899 • (626) 914-8601 • www.citruscollege.edu

Student Name _____

Faculty/Staff Name _____

Office Use Only Date Received: _____

Explain as clearly as possible why you are filing a grievance. Be sure to include all the necessary information (including names, dates, etc.) to support your argument so that an impartial review and decision can be reached. The Grievance Review Board will conduct a hearing to review this document to determine the merits of the grievance.

Attach additional pages as necessary

Date student discussed grievance with faculty/staff _____

Date student discussed grievance with supervisor _____

What resolution of the grievance are you seeking? _____

Date: _____

Student signature: _____

ID Number: _____

Course name: _____ Semester: _____

Please Print:
Mailing Address: _____

Home Phone: _____

Cell Phone: _____