



AP 5530

**Yuba Community College District
Request for
GRIEVANCE HEARING**

**REQUEST FOR GRIEVANCE HEARING MUST BE FILED WITHIN TEN
WORKING DAYS AFTER FILING THE STATEMENT OF GRIEVANCE.**

Name of Grievant

Date

Home Address

City

State

Zip Code

Telephone Number

I, _____, hereby request a hearing before the
Grievance Hearing Committee to resolve the grievance filed on _____.

(CHECK ONE)

I will be represented by Legal Counsel. If so, state name of Counsel:

I will not be represented by Legal Counsel.

Office Use Only

Grievance Officer

Date Received

College/Campus Location of Grievance