

Case # \_\_\_\_\_  
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## Request for Disciplinary Action Form

(Please fill out completely and send to Enrollment Management and Student Affairs Office)  
(EMSA)WH –A 410 Ext. 3784 Fax # (310) 516-3525

### Your Information

Date \_\_\_\_\_

Name of person filing complaint: \_\_\_\_\_

Title: (if appropriate) \_\_\_\_\_ Phone# \_\_\_\_\_

E-mail: \_\_\_\_\_

### Information on Accused

Name: \_\_\_\_\_ ID# (if known) \_\_\_\_\_

Incident(s): Please be specific listing date(s), time(s) and witnesses (if any); attach additional pages if necessary \*:

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**\*Please submit documentation to support charges.**

**Recommendation of Sanction:** \_\_\_\_\_

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