

# FAIRNESS COMMITTEE

## Hearing Request Form:

Name (Print): \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

Other party/parties involved: \_\_\_\_\_

On what grounds are you requesting a hearing? Explain, **as objectively as you can, the specifics of the incident** and why you have been treated unfairly or unjustly.

---

---

---

---

---

---

---

---

---

---

Your Signature: \_\_\_\_\_

-----

Hearing Granted: \_\_\_\_\_

Hearing Not Granted: \_\_\_\_\_

Reasoning:

---

---

---

Signature: \_\_\_\_\_ Chair, Fairness Committee

Signature: \_\_\_\_\_ Chair, Fairness Committee