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Grievance Ad...

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Department of Neighborhood Empowerment Grievance Form

Thank you for contacting the Department of Neighborhood Empowerment regarding your Grievance. Your concerns are important to us. Please fill out this form as completely as possible to help expedite our determination. Please be aware that the information you are submitting is subject to the California Public Records Act.

We will NOT be able to respond to your Grievance unless you provide a valid email or mailing address. Please note that once you click Save at the upper right corner, your Grievance will be submitted.

All witness statements must be attached on this form.

The Department will not process more than three Grievance Forms filed by the same person in any calendar year and no more than five Grievance Forms filed by the same individual in any three year period. All Grievances submitted through this portal are considered processed.

First Name *

Last Name *

Please identify your role within the Neighborhood Council system: *

Eric

Preven

☐ Board Member☐ Committee Member☐ Stakeholder

Phone Number

Email Address

818-762-7319

ext.

ESP3800@AOL.COM

Mailing Address

Search for an address

3758 Reklam Dr.

Street 1

Studio City

Street 2

City

Studio City

Select a State/Region...

CA

Postal Code

91604

Neighborhood Council

Neighborhood Council Bylaws

Make a Selection...

STUDIO CITY NEIGHBORHOOD COUNCIL

Specific Violation Alleged

Failure to indicate the nature of your alleged Grievance will result in the dismissal of your Grievance.

☐ Neighborhood Council Bylaw☒ Los Angeles Administrative Code☐ Plan for the Citywide System of Neighborhood Councils☐ Board of Neighborhood Commissioners Policy☒ Department Policy☐ * - Any other City code, executive directive, rule or regulation applicable to Neighborhood Councils.

Date of Alleged Violation

mm-dd-yy

A Grievance must be filed within 30 days from the date of the event giving rise to the Grievance. Any Grievance alleging a violation relating to Neighborhood Council funding must be filed within 90 calendar days of the date the expenditure is made.

Please specify the exact rule and explain the facts of the alleged violation.*

The President moved forward with Business Cards for one subset of board members without a vote. That was called out as an unauthorized expenditure during an open meeting. Subsequently placards were

Remedy

There are various remedies available. Please select from the list below the remedy OR remedies you are seeking. Please be advised that the Department has sole discretion in determining whether your remedy conforms with your Grievance.

From the list below, which remedy or remedies are you seeking?

☒ 1) Warning to the Neighborhood Council board, individual board member, or, members.☒ 2) Required corrective action of the Neighborhood Council. Provide Cnds for all Board members. on a MER.☒ 3) Mandated training for the Neighborhood Council, individual board member, or, members.☐ 4) Required mediation for the Neighborhood Council board, individual board member, or, members.

Denise We Huang

- ☐ 5) Suspension of Neighborhood Council board until mandated trainings are taken by board, board member, or, members.
- ☐ 6) Temporary suspension of Neighborhood Council Funding.
- ☐ 7) Placement of the Neighborhood Council board under control and supervision of the Department.
- ☐ 8) Suspension of individual board member or members.
- ☐ 9) Initiation of de-certification process or process to declare board seats vacant.

Please state why you are seeking the above mentioned remedy or remedies. *

The Neighborhood Council must follow established financial procedures in the use of public funds and create a fair and equitable environment for Board members.

Witness Information

ALL of your Witness information and Witness Statement needs to be included at this time. The Department will ONLY accept and review Witness information included at time of submission.
You can find the Witness Statement form [here](#).

Witness 1 Contact Information

First Name

Last Name

Email Address

Phone Number

 ext.

Witness Statement

[Choose File](#) No file chosen

Witness 2 Contact Information

First Name

Last Name

Email Address

Phone Number

 ext.

Witness Statement

[Choose File](#) No file chosen

Witness 3 Contact Information

First Name

Last Name

Email Address

Phone Number

 ext.

Witness Statement

[Choose File](#) No file chosen

☐ If no witness, please check this box

Supporting Documents

Before submitting, please include ALL supporting documentation HERE. The Department will ONLY process and review materials included at time of submission.

Supporting Document

[Choose File](#) No file chosen

Supporting Document

[Choose File](#) No file chosen

Supporting Document

[Choose File](#) No file chosen


Supporting Document

[Choose File](#) No file chosen

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

☒ By checking this box and typing my name below, I am electronically signing this form.

To SUBMIT, please click "Save" on top right corner.


Eric Preven

The Studio City Neighborhood Council Board was present and there is video on the Youtube site.