REQUEST FOR REPRESENTATION BY THE ATTORNEY GENERAL'S OFFICE

1.	Name of Grievant(s) / Plaintiff(s) / Complainant(s):	
	(a)	Job Title:
	(b)	Department:
2.	Issue	/ Grievable Event:
3.	Repr	e, Address and Telephone Number of Grievant's/Plaintiff's/Complainant's Attorney of esentative:
4.	Nam (a)	e of Institution: Name of Contact:
	(b)	Telephone Number of Contact:
	(c)	Email Address of Contact:
5.	Name of Specific Attorney Requested:* * Please note that the Attorney General's Office reserves the right to make all cas assignments, and making the request does not guarantee the attorney's assignment to particular case. *	
	ORTA iis matt	NT: Be sure to attach a copy of the Grievance, Complaint or other documents relevanter.
Rep	esentati	on Requested By Date

Please return form to the HEPC Legal Division:

Kristin.Boggs@wvhepc.edu (General Counsel) and Victoria.Timbers@wvhepc.edu (Legal Division Office Administrator)