

LAKE STEVENS SCHOOL DISTRICT

GRIEVANCE CLAIM  
Discriminatory Practice

If you have a complaint regarding an alleged discriminatory practice that is in violation of the laws and is occurring within the Lake Stevens School District, complete this form and return it to the Personnel Office. The complaint must be filed within twenty (20) calendar days from the time the grievant became aware of the alleged discriminatory practice.

.....

Name \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

School Where Alleged Discriminatory Practice Occurred \_\_\_\_\_

Date of Occurrence \_\_\_\_\_

Describe the Alleged Discriminatory Practice \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrective Action Desired \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Complaint Has Been Discussed Informally with the Principal Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Discussion \_\_\_\_\_

Result of Informal Discussion \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_