

Request for Ombuds Services

Please fill out this form and email, fax, or mail it to
The Office of the Education Ombuds (OEO)
FAX # 844-886-5196. Email: oeoinfo@gov.wa.gov
All of the information you provide is kept confidential.



Today's Date:

1. **Have you contacted OEO before?** Yes No
2. **How did you hear about the Office of the Education Ombuds?**
3. **What is your relationship to the student involved in the case?**
4. **Your first name:** _____ **Your last name:** _____
5. **Your preferred gender pronouns:**
6. **Your street address:**
City: _____ State: _____ Zip Code: _____ County: _____
7. **Primary phone number:** Home Cell Work Other
Best time to call you (Between 8 am-5 pm, M-TH): _____
Alternative number: Home Cell Work Other
8. **Email address:** _____ **Fax:** _____
9. **Do you need disability-related accommodations** in order to communicate with OEO? If yes, what accommodations do you need?
10. **Do you or your student identify as any of the following:**

Out of school, including students with disabilities receiving partial school days? Yes No
If **Yes**, how long has the student been out of school?

People of color, Black, or indigenous? Yes No

What is your race/ethnicity?

What is the student's race/ethnicity?

Experiencing homelessness? Yes No

In kinship or foster care? Yes No

Involved with the juvenile justice or juvenile rehabilitation systems? Yes No

Immigrant, refugee, asylee or migrant, or students or families whose primary language(s) is not English? Yes
No

If **Yes**, do you or the student need an interpreter? Yes No For what language?

If **Yes**, does the student qualify for English Language Learner (ELL) services? Yes No Not Sure Receiving

Wraparound with Intensive Services (WISe) or Children's Long Term Inpatient Programs (CLIP) supports?
 Yes No

Student Information

1. Does the student have any disabilities? Yes No If Yes, name of the disability:
2. Is the student receiving Special Education services? Yes No Not Sure
 If yes, does the student have an IEP? Yes No Not Sure
3. Does the student have a 504 Plan? Yes No Not Sure
4. Student first name: _____ Last name: _____
5. Student gender: Male Female Transgender Not Specified
6. Student preferred gender pronouns: _____
7. Is the student's address the same as yours? Yes No If no, please provide the student's address:
 Street: _____ City: _____ Zip Code: _____
8. What grade is the student in? _____
9. Does the student qualify for the free/reduced lunch program? Yes No Not Sure
10. Is the student part of an Active Duty Military family? Yes No Not Sure
11. Name of the school: _____ School District: _____
12. Briefly describe the problem: _____
13. What would you like OEO to do? _____

Office of the Education Ombuds

3518 Fremont Ave. N., #349 Seattle, WA 98103

Phone: 1-866-297-2597 - Fax: 844-886-5196

<https://oeo.wa.gov/en>

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