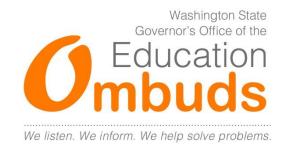
## **Request for Ombuds Services**

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:

	Have you contacted OEO before?				
2.	How did you hear about the Office of the Education Ombuds?				
3.	. What is your relationship to the stu	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 Cel	l 🗌 Work 🔲 Other	
9.	Email address: Fax:  Do you need disability-related accommodations in order to communicate with OEO? If yes, what accommodations do you need?  Do you or your student identify as any of the following:				
Ou	Out of school, including students with d If <b>Yes,</b> how long has the student bee		= :	s?	
Wl	eople of color, Black, or indigenous? [ What is your race/ethnicity? What is the student's race/ethnicity?	Yes No			
Experiencing homelessness?  Yes  No					
In kinship or foster care?  Yes  No					
Involved with the juvenile justice or juvenile rehabilitation systems?   Yes   No					
	mmigrant, refugee, asylee or migrant, or students or families whose primary language(s) is not English?  Yes				
If \	f <b>Yes</b> , do you or the student need an interpreter? Yes No For what language?				
If <b>\</b>	If <b>Yes</b> , does the student qualify for English Language Learner (ELL) services? 🗌 Yes 🗌 No 🗌 Not Sure Receiving				
Wı	Wraparound with Intensive Services (WISe) or Children's Long Term Inpatient Programs (CLIP) supports?				

## **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 Does the student have a 504 Plan?** Yes No Not Sure 4. Student first name: Last name: Transgender Not Specified 5. Student gender: Male Female 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: Zip Code: City: 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**

**School District:** 

13. What would you like OEO to do?

12. Briefly describe the problem:

11. Name of the school:

## Office of the Education Ombuds

PO Box 40004

Olympia, WA 98504 Phone: 1-866-297-2597 - Fax: 844-886-5196 <a href="https://oeo.wa.gov/en">https://oeo.wa.gov/en</a> oeoinfo@gov.wa.gov