

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

