



Washington Office of Superintendent of
PUBLIC INSTRUCTION

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION (OSPI)
[Equity and Civil Rights Office](#)
Old Capitol Building
PO BOX 47200
Olympia, WA 98504-7200
360-725-6162 | Agency TTY 360-664-3631 | FAX 360-664-2967

Formal Discrimination Complaint to OSPI's Equity & Civil Rights Office

(Using this form is **optional**. It is designed to help ensure you provide this office with information needed to evaluate whether to open your complaint for investigation.)

Important: Before filing a complaint with OSPI, complainant must first: (1) file a complaint with the School District *and* (2) file an appeal with the District's School Board. However, if the school district or public charter school fails to comply with the procedures in WAC [392-190-065](#) or [392-190-070](#), including timelines, you may file a complaint directly with the Office of Superintendent of Public Instruction (OSPI).

Section One: Complainant Information

A "Complainant" is the person filing the complaint. For example, this may be a parent, advocate, community member, or school employee.

	Complainant #1	Complainant #2 <i>(if more than one complainant)</i>
Name	Click or tap here to enter text.	Click or tap here to enter text.
Street address	Click or tap here to enter text.	Click or tap here to enter text.
City/State/Zip	Click or tap here to enter text.	Click or tap here to enter text.
Primary phone	Click or tap here to enter text.	Click or tap here to enter text.
Secondary phone	Click or tap here to enter text.	Click or tap here to enter text.
Email	Click or tap here to enter text.	Click or tap here to enter text.

Please note: OSPI's Equity & Civil Rights Office may only investigate allegations of discrimination. Questions or complaints about special education should be directed to OSPI's Special Education Division at 1-800-421-3481 or 360-725-6075. Questions about professional conduct should be directed to the Office of Professional Practices at 360-725-6130.



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Name of School District <i>(or approved Charter School)</i>	Click or tap here to enter text.
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Section Two: Student Information

If you allege a school has discriminated against a specific student, please list that student.

Name of Student(s)	Name of School	Grade
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Section Three: Allegation Information

A. My complaint alleges discrimination based on (check any that apply):

<input type="checkbox"/> Sex	<input type="checkbox"/> Color
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin
<input type="checkbox"/> Sensory, mental or physical disability	<input type="checkbox"/> Creed
<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Religion
<input type="checkbox"/> Gender expression	<input type="checkbox"/> Honorably discharged veteran or military status
<input type="checkbox"/> Gender identity	<input type="checkbox"/> Use of a trained dog guide of services animal by a person with a disability

B. Allegation(s) of discrimination:

Explain what you believe the school has done that is discriminatory based on the characteristic(s) checked in (A) above. You do not need to know the specific law you think was violated.

I believe the District acted in a discriminatory way when they (does not have to be student-specific):

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Click or tap here to enter text.

Do you believe the discrimination described in the box above is still happening? ☐ Yes ☐ No

C. Facts upon which the allegation is based:

To the best of your ability, provide a timeline of significant events, including the dates they occurred if known.

Click or tap here to enter text.

D. List of documents you believe should be reviewed related to your allegation(s) of discrimination *It is helpful to label with document number and name.*

Include as few or as many documents you believe necessary to support your allegation(s) of discrimination (i.e., letters or emails from the school, district polices or procedures, etc., you believe will assist in clarifying or providing proof of discrimination).

	Name of Document	Date	This document shows that:
1.	Copy of Superintendent's written decision <i>*Required</i>	Click or tap to enter a date.	N/A
2.	Copy of School Board's written decision <i>*Required</i>	Click or tap to enter a date.	N/A
3.	Copy of original complaint filed with District/Superintendent <i>*Helpful to include. (May be requested.)</i>	Click or tap to enter a date.	N/A
4.	Copy of Appeal to School Board <i>*Helpful to include. (May be requested.)</i>	Click or tap to enter a date.	N/A
5.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.
6.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.
7.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.
8.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.

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9.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.
10.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.

***Required:** Submitting a copy of the Superintendent's written decision and School Board's written decision is **required**. However, an exception applies if you allege that you filed a written complaint to the school but the district or public charter school failed to respond within 30 days and/or as otherwise required under WAC 392-190-065 or 392-190-070. If you are filing a complaint under this exception, submitting a copy of the original complaint filed with District/Superintendent is required.

E. Proposed resolution of the complaint or relief requested

What would you like to see happen as a result of filing this complaint?

Click or tap here to enter text.

F. Have you filed a complaint about these same allegations with another agency or other entity? ☐ Yes ☐ No

If yes, please list agency or other entity, the complaint number (if known), and date of complaint:

Agency or other Entity	Complaint Number (If known)	Date Complaint filed
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.

OSPI provides equal access to all programs and services without discrimination based on sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal by a person with a disability. Questions and complaints of alleged discrimination should be directed to the Director of the Office of Equity and Civil Rights at 360-725-6162/TTY: 360-664-3631; or P.O. Box 47200, Olympia, WA 98504-7200; or equity@k12.wa.us.

This form is also available in alternate formats. Questions about this form or the complaint process may be directed to the Office of Superintendent of Public Instruction's Equity and Civil Rights Office, at 360-725-6162.

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