

**Dispute Resolution Form
Homeless Education**



Northshore
School District

Date Complaint Received: _____

Name of District: _____

Telephone Number: _____

Student's Name: _____

Area of concern: _____

Resolution: _____

Administrator's Signature: _____

Date of Resolution: _____

Office of Superintendent of Public Instruction (to be completed by OSPI when appropriate)

School District's Name: _____

Student's Name: _____

Area of concern: _____

Final Resolution: _____

Administrator's Signature: _____ Date: _____
(State's designee)