Dispute Resolution Form
Homeless Education

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)