

# Office of Legal Affairs

## Willful Noncompliance Complaint Form

**Important:** Before filing a willful noncompliance complaint with the Office of Superintendent of Public Instruction (OSPI), you must first: (1) use available complaint processes to try to resolve your concern, or (2) notify the local school district superintendent of your concerns and wait at least 30 days.

| Complainant Information                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| First name                                                                                                                                                                                                                                                                                                                                                                  | Middle Initial                                    | Last Name                                                                                                                             |
| Mailing Address (Include Full City, State and Zip Code)                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                       |
| Primary Phone Number                                                                                                                                                                                                                                                                                                                                                        | Alternate Phone Number                            | Email                                                                                                                                 |
| Best way to reach you: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other                                                                                                                                                                                                                           |                                                   |                                                                                                                                       |
| Representative Information                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                                                                                                       |
| Do you have a representative? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                      |                                                   | Do you have written authorization from representative? If so, please attach. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First name                                                                                                                                                                                                                                                                                                                                                                  | Last Name                                         |                                                                                                                                       |
| Mailing address (Include Full City, State and Zip Code)                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                       |
| Phone                                                                                                                                                                                                                                                                                                                                                                       | Email                                             |                                                                                                                                       |
| Complaint Information                                                                                                                                                                                                                                                                                                                                                       |                                                   |                                                                                                                                       |
| <i>(attach additional pages and supporting documentation as needed)</i>                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                       |
| 1. Provide the name of the school district Superintendent or school board member(s) who you believe has engaged in willful noncompliance.                                                                                                                                                                                                                                   |                                                   |                                                                                                                                       |
| 2. Date(s) of recent alleged willful noncompliance (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                             | 3. Location and/or address of the school district |                                                                                                                                       |
| 4. Select the state law(s) you believe were knowingly or intentionally violated.<br><input type="checkbox"/> Civil rights and discrimination<br><input type="checkbox"/> Harassment, intimidation, or bullying<br><input type="checkbox"/> Use of restraint or isolation<br><input type="checkbox"/> Student discipline<br><input type="checkbox"/> Other. Please describe: |                                                   |                                                                                                                                       |

5. Describe the specific acts, conditions, or circumstances that you believe constitute willful noncompliance. Include relevant dates, locations, and individuals involved. *You may attach additional pages and supporting documents as needed.*

6. How would you like to see this complaint resolved?

**Other Complaint Processes/Notice**

7. Before filing with OPSPI, you must either complete an available complaint process or, if no complaint process is available, you must notify the superintendent of your concerns and wait at least 30 days. Have you used a complaint process?

☐ Yes

☐ No

8. If yes, date of final decision:

|                                                                                                                                                                                                                                      |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <p>9. If no, did you provide written notice to the superintendent?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Date notice was sent: _____</p>                                                     |                                                    |
| <p>10. Have you filed this complaint with another agency or court other than your local school district?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>                                                  |                                                    |
| <p>11. If yes, with what agency or court did you file?</p>                                                                                                                                                                           | <p>12. If yes, when did you file? (mm/dd/yyyy)</p> |
| <p>13. If yes, what was the outcome, if known?</p>                                                                                                                                                                                   |                                                    |
| <p>14. Supporting documentation. Attach copies of any complaints filed with the school district or other agency, any responses received, written notice to the superintendent (if applicable), and any other relevant documents.</p> |                                                    |

## INSTRUCTIONS

**PURPOSE:** The OSPI Willful Noncompliance Form may be used to file a complaint that a school district superintendent, school board, or individual board members has engaged in willful noncompliance with state law. Use of this form is optional. It is designed to help ensure you provide this office with information needed to evaluate whether to open an investigation into your complaint.

**WHERE TO FILE YOUR COMPLAINT:** You may submit your completed form or letter to OSPI, Office of Legal Affairs by:

Email: [OLA@k12.wa.us](mailto:OLA@k12.wa.us)

Mail: PO Box 47200, Olympia, WA 98504-7200

Hand delivery: 600 Washington St. SE, Olympia, WA 98504-7200

**QUESTIONS:** Questions about this form or the willful noncompliance complaint process may be emailed to the OSPI Office of Legal Affairs at [OLA@k12.wa.us](mailto:OLA@k12.wa.us)

## LEGAL INFORMATION

**Retaliation Prohibited:** No Agency, officer, employee, or agent of the school district, including persons representing the school district and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged willful discrimination or who participates in any manner in an investigation or other proceeding.

**Statement of Nondiscrimination:** 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 including gender expression or identity, the presence of any sensory, mental, or physical 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 Equity and Civil Rights Director at 360-725-6162 or P.O. Box 47200, Olympia, WA 98504-7200.

