## OFFICE OF THE GENERAL COUNSEL



## CONFIDENTIAL REQUEST FOR ADMINISTRATIVE INVESTIGATION

Type: For OGC use only

Employment

Bullying

Title IX

Complainant Information:			
Full Name:	Name of Parent(s) or Guardian(s) if Student Complainant:		
Complainant Street Address:	City	State	Zip Code
If Staff Member, State Your Job Title	If Student, State Student's Current Grade:		
Work Location/Department or School Attending:	Email Address:		
Telephone Number:	Alt. Telephone Number:		
Respondent or Subject to be Investigated:			
Full Name:	Job Title or Occupation (if applicable/known):		
Work Location/Department (if applicable/known):	Any Known Contact	Information:	
Brief Complaint Description. Include Dates, Times and Places of Incide		ntial Witnesses and the D	ate You Became
Aware of the Complaint. You May Also Attach Information to this Rec	quest Form.		
	Fn	nail to legal@wash	oeschools net
equesting Administrator (Principal level or higher)		nan to <u>regare waon</u>	ioesenoois.iiet
of control of the con			
gnature of Administrator (Principal level or higher)	Date	2	
OR irector of Civil Rights Compliance/Director of Labor Relations _ or and on Behalf of the Administrator			
GC Administrative Investigation AUTHORIZED DENIED	Reason for Denial		
		Date	
ffice of the General Counsel Approval Signature			