This is the form for filing a complaint regarding an [approved equity or leadership clock hour provider](https://app.leg.wa.gov/WAC/default.aspx?cite=181-79A-244). You may only file a complaint if you are, or represent, one of the organizations identified in WAC [181-85-222](https://app.leg.wa.gov/WAC/default.aspx?cite=181-85-222) and listed in the “approved entities” question below.

Please download this document, complete it, and email it to [clockhoursPESB@k12.wa.us](mailto:clockhoursPESB@k12.wa.us).

Once your complaint has been received by PESB staff, you will receive an initial response within five business days. Should you have any questions or concerns regarding the complaint process, please contact staff at [clockhoursPESB@k12.wa.us](mailto:clockhoursPESB@k12.wa.us).

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| **CONTACT INFORMATION** |
| **Name:** |
| **Phone Number:** |
| **Email:** |
| **Date:** |
| **Preferred Contact Method:** |
| **Check the box(es) of approved entity/entities that applies to you:**  ☐ Washington state educator  ☐ Local education agency  ☐ Office of the Superintendent of Public Instruction (OSPI)  ☐ Organization representing principals  ☐ Organization representing school board members  ☐ Organization representing school administrators  ☐ Labor organizations representing classified instructional staff  ☐ Labor organizations representing teachers  **If you are representing an organization in the above list, please write the name of the organization (eg. OSPI, WEA, AWSP, etc.):** |

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| **COMPLAINT INFORMATION** |
| **Name of Clock Hour Provider:** |
| **Date of Clock Hour Course:** |
| **Course Title:** |
| **Course Type:** |
| **Course Instructor(s) Name:** |
| **Course Instructor/ Provider Contact Information:** |
| **Complaint Details:** |
| **Which standard(s) or** [**WAC**](https://app.leg.wa.gov/wac/default.aspx?cite=181-85&full=true) **does this complaint align with?** |
| **Additional Comments or Considerations:** |
| **ATTESTATION**  **By typing my name in this box, I attest that all of my responses are true to the best of my knowledge.**  **Date:**  **Type full name here:** |