

Foomka Cabashada Dugsiga Degmada Reynolds

Foomkan waxaa si elektaroonik ah loogu buuxin karaa reynolds.k12.or.us/district/public-complaints-procedure. Haddii aad soo gudbinayso foomka warqadda ah, u dir emayl complaint@rsd7.net ama u dir boostada 1204 NE 201st Ave, Fairview, OR 97024

Waxaad foomkan si qarsoodi ah u soo gudbin kartaa; si kastaba ha ahaatee, ma heli doontid wax dabagal ah oo ku saabsan cabashadaada adiga oo aan bixin macluumaadkaaga xiriirka.

Taariikh: _____

Magaca Hore iyo Magaca Dambe: _____

Telefoonka _____ Iimaylka _____

Doorka (arday, shaqaale, waalid/mas'uul, iibiye, iwm.): _____

Macluumaadka Ardayga:

Magaca Ardayga (haddii ay khuseyso): _____ Darajada: _____

Dugsiga hadda dhiganaya (haddii ay khuseyso): _____

Macluumaadka Cabashada:

Nooca Cabashada:

- ☐ Dhibaataynta Galmada
- ☐ Shukaansiga Rabshadaha Qoyska
- ☐ Tacaddi Ku Salaysan Galmo ama Jinsi
- ☐ Faraxumayn Galmo
- ☐ Dabagal
- ☐ Xoogsheegasho / Dhibaatayn Kale
- ☐ Fursad Shaqo oo Siman
- ☐ Agabka Waxbarashada / Agabka Maktabadda
- ☐ Cabashada Dadweynaha (tusaale ahaan, jebinta siyaasadda, anshax xumada, iwm)
- ☐ Cinwaanka I, Qaybta A Xuquuqda Waalidka
- ☐ Helitaanka Barnaamijyada Waxbarashada Xirfadda iyo Farsamada (Tilmaamaha USDE IV-O, Cinwaanka VI: 34 CFR § 100.6 (d))



Waxaan ku hogaamineynaa sinnaan si aan wax u barno oo aan u taageerno dhammaan ardayda inay qalin jabiyaan iyagoo leh xirfado iyo kalsooni ay ku horumaraan.

Waa maxay xalka aad raadinayso?

Ma jiraan wax kale oo aad jeclaan lahayd in baaraha dacwadaha uu ogaado?

Fadlan ku lifaaq dukumentiyoo ama caddayn kasta oo taageeraya sheegashadaada.

Saxeexa Cabashada: _____ Taariikhda: _____

