MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF SPECIAL EDUCATION – COMPLIANCE



FIRST STEPS CHILD COMPLAINT (Birth to age 3) – MODEL FORM

| responsible public agency with Disabilities Education | ri First Steps Parental Right has violated any state or fed Act (IDEA), a signed, writter and Secondary Education. | leral regulat h child comp | tion implementing Pa plaint may be filed wi | art C of the Individuals th the Missouri |
|--|--|---|--|---|
| MAIL completed form to: | Missouri Department of Elementary ar Office of Special Education Complianc C/O Child Complaint Coordinator Post Office Box 480 Jefferson City, MO 65102-0480 | | | |
| Or FAX to: | (FAX) 573-526-4404 | | | |
| Contact Information | | | | |
| Agency/District Name | | | County | |
| Child's Name | | | | Age |
| Child's Disability: (if known) | | | | |
| Parent/Guardian Name | | Person filing the complaint (if different than Parent/Guardian) | | |
| Address: | | Address: | | |
| City, State, & Zip | | City, State, & Zip | | |
| Phone: Home | | Phone: Home | | |
| Work | | Work | | |
| Email | | Relationship to Child: | | |
| The agency/provider indicated following area(s): | d above has violated state and | federal regul | lations implementing P | art C of the IDEA in the |
| EvaluationIFSPLocation of ServicesEligibilityConfidentiality/Access to recordsOther (Explain) | | | | |
| Summary of Complaint Allegation(s): (Additional pages may be attached) | | | | |
| | | | | |
| Signature of person filing Complaint | | Date | | |
| The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6 th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; fax number 573-522-4883; email <u>civilrights@dese.mo.gov</u> . | | | | |