



Office of the



State Superintendent of Education

State Complaint Form¹

An individual or organization may file a written, signed complaint alleging a violation of Part B or Part C of the Individuals with Disabilities Education Act. For a complete description of the State complaint procedures, see 34 C.F.R. §§ 300.151-300.153 for Part B and 34 C.F.R. §§ 303.432-303.434 for Part C.

Complainant Information

Name:	Relationship to Child, if alleging violations with respect to a specific child (<i>Optional</i>):
Address:	Phone Number and hours when you may be reached at this number:
	Alternate Phone Number, if available:
	E-mail Address, if available:

Child Information (If alleging violations about a specific child)

Name:	School Name (or Early Intervention Service (EIS) Provider if alleging a violation of Part C):
Date of Birth (<i>Optional</i>):	
Address:	If the child is homeless, available contact information for the child:

Mediation

Mediation is a voluntary process in which a neutral individual assists the parties in having a full discussion and reaching an agreement. Mediation services are available, at no cost to the complainant, through OSSE's Student Hearing Office.

Would you be interested in mediation to try to resolve the complaint?

 Yes No

¹ This is a model form that was developed to assist you in filing a State complaint. You do not need to use this form to request a complaint investigation; however, unless indicated otherwise all of the information in this form must be included in a written request for a complaint investigation. Failure to provide all required information may result in a determination by the State Complaint Office that the complaint will not be investigated.



Statement of Complaint

Please describe the alleged violation(s). Number and list each alleged violation separately. Describe the violation and specific facts that relate to the violation including dates, names and locations. If possible, attach copies of any relevant documentation that supports the allegation(s) made in the complaint. Please include in your statement what school, EIS Provider, or public agency you allege violated the IDEA.

Please describe your proposed resolution of the problem.

Signature: _____ Date: _____

You may file a signed, completed complaint and any attachments or supporting documentation by mail, fax, or email. If you are alleging a violation of Part B, you must also submit a copy of the complaint to the Local Educational Agency or other applicable public agency at the same time you file your complaint with the OSSE State Complaint Office. If you are alleging a violation of Part C, you must also submit a copy of the complaint to the Early Intervention Provider or other applicable public agency at the same time you file your complaint with the OSSE State Complaint Office.

BY MAIL: Office of the State Superintendent of Education
Division of Special Education
Attn: Mary Boatright
810 First Street, NE, 5th Floor
Washington, DC 20002

BY FAX: 202-741-0227

BY EMAIL ATTACHMENT: osse.IDEstatecomplaints@dc.gov