



Office of the



State Superintendent of Education

DUE PROCESS COMPLAINT

PURPOSE: This model form can be used to request a due process hearing under the Individuals with Disabilities Education Act (IDEA). The party, or the attorney representing a party, must file a Due Process Complaint with the other party and forward a copy of the Complaint to the OSSE, c/o the Student Hearing Office: 810 First St., NE, 2nd Floor Washington, DC 20002 or email a copy to Hearing.Office@dc.gov or fax at (202) 478-2956. You are not required to use this form; however, you may not have a hearing on a Due Process Complaint until a Complaint is filed that meets the requirements of the IDEA (34 C.F.R. §300.508(b)). Filling out this form will meet those requirements and provide additional important information to the Hearing Officer.

A. INFORMATION ABOUT THE STUDENT

Name of the student:¹ _____ Date of Birth: _____

Address of the residence of the student:² _____

Present School of Attendance: _____

Uniform Student Identification Number: _____

B. INFORMATION REGARDING THE PARENT OF THE STUDENT (IF THE STUDENT IS A MINOR OR DETERMINED LEGALLY INCOMPETENT)

Name of the Parent(s): _____

Address of the Parent(s), (if different from the student's above):

Home Phone Number(s): _____

Mobile Phone Number(s): _____

Fax Number: _____

Email Address(es): _____

¹ In the case of a child who is a ward of the District of Columbia, the request must so state, provided, that a child who is a ward of the District shall be listed "c/o Child and Family Services". (DCMR, Chapter 5-E30-§3029.3(b))

² In the case of a homeless child or youth, provide the available contact information for the child for residence.



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C. ATTORNEY, (IF APPLICABLE)*

Name: _____

Address: _____

Office Phone Number(s): _____

Mobile Phone Number(s): _____

Fax Number(s): _____

Email Address (es): _____

**If this section is completed all further communication from the Student Hearing Office and the Hearing Officer will be with the attorney.*

D. COMPLAINT MADE AGAINST

Public Educational Agency:

Name(s) of the agency(s) and known contact information: _____

Or

Parent or Eligible Student:

Name(s) and contact information, if not provided above: _____

E. AVAILABILITY OF MEDIATION

Notice: The Individuals with Disabilities Education Act (IDEA) requires that any time a party requests a due process hearing; mediation must be available at no cost to allow the parties to resolve the dispute. In addition the parties may agree to use mediation instead of the Resolution Session Meeting.

H. ACCOMMODATIONS AND ASSISTANCE NEEDED:

Please note any accommodations you may require.

- Interpreter (please specify the type): _____
- Special Communication (please describe the type): _____
- Special Accommodations for Disability (please describe the type): _____
- Other: _____



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F. DESCRIPTION OF THE PROBLEM

Provide a description of the nature of the problem of the student relating to the proposed or refused initiation or change of the identification, evaluation, or educational placement of the student or the provision of Free Appropriate Public Education to the student, **including** facts relating to the problem

G. DESCRIPTION OF THE PROPOSED RESOLUTION OF THE PROBLEM

To the extent known and available at this time

G. NAME AND SIGNATURE OF REQUESTING PARTY

Name

Signature

Date: _____

Mail, fax or hands deliver this Complaint Notice to:
Student Hearing Office
810 First Street, N.E., 2nd Floor, Suite 2001
Washington, DC 20002
Fax: (202) 478-2956
Email Address: Hearing.Office@dc.gov