



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

**EDUCATION**

## **ADMINISTRATIVE DUE PROCESS COMPLAINT NOTICE IDEA Part B (ages 3-22)**

This form is used to provide notice of an Administrative Due Process Complaints to the Local Education Agency (LEA), and/or State Education Agency (SEA), and/or students/their representatives (parents/guardians), with respect to any matter relating to the identification, evaluation, or educational placement of a student with a disability, or the provision of a free appropriate public education to that student, ages 3-22. **A party may not have a due process hearing until the party, or the attorney representing the party, files a notice that meets the requirements of the Individuals with Disabilities Education Act (IDEA).** See 34 CFR Part 300 (IDEA Part B).

Parents/guardians/adult students initiating a complaint must provide a completed Administrative Due Process Complaint Notice to the Local Education Agency (LEA) and/or State Education Agency (SEA), whomever the complaint is filed against. The Office of the State Superintendent (OSSE) is the SEA for the District of Columbia.

If the complaint is filed against a traditional public school, non-public day school, residential treatment facility or Public Charter School for which District of Columbia Public Schools (DCPS) is the LEA, notice to DCPS shall be provided to DCPS by e-fax at (202) 442-5115, with a copy delivered to the Office of Dispute Resolution (ODR), 1050 First Street, NE, 3<sup>rd</sup> Floor, Washington DC 20002, or sent by e-fax to (202) 478-2956, or by e-mail to [hearing.office@dc.gov](mailto:hearing.office@dc.gov).

If the complaint is filed against a Public Charter School and the Public Charter School is its own LEA, the Due Process Complaint Notice must be provided to the principal or director of the Public Charter School, with a copy to ODR. You must contact the Public Charter School directly to find out how to provide the complaint to them.

If the complaint is filed against the Department of Youth Rehabilitation Services (DYRS), the Due Process Complaint Notice must be provided to Lindsey Appiah, Office of Education, DYRS, by e-mail at [Lindsey.Appiah@dc.gov](mailto:Lindsey.Appiah@dc.gov) or fax at (202) 299-3816, with a copy to ODR.

If the complaint is filed against OSSE, the Due Process Complaint Notice must be provided to OSSE's Office of General Counsel by fax at (202) 299-2134 (for more information call OSSE at (202) 724-7756), with a copy to ODR.

**A copy of the complaint must be provided to the Office of Dispute Resolution (ODR) on the same day that it is provided to the LEA, SEA and/or parent/guardian/adult student against whom the complaint was filed.** Failure to provide a copy to ODR on the same day may result in a delay of assigning the case to an Impartial Hearing Officer. The due process complaint must describe an alleged violation that occurred not more than two (2) years, with certain exceptions, before the date that the parent/guardian/adult student, school system and/or OSSE knew or should have known about the alleged action that is the basis of the complaint.

Unless the other party agrees, the party requesting the due process hearing shall not be allowed to raise issues at the due process hearing that are not raised in this Due Process Complaint Notice. Therefore, please be thorough in providing the information requested.

### **LEGAL ASSISTANCE:**

A list of free legal service providers is available at [www.osse.dc.gov](http://www.osse.dc.gov). A paper copy of the list may be obtained by contacting ODR at (202) 698-3819.

**A. STUDENT INFORMATION**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student's Gender (optional): \_\_\_\_\_ Race (optional): \_\_\_\_\_  
Student's Address (if student is homeless, please provide available contact information): Ward (1-8): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home School: \_\_\_\_\_ Attending School: \_\_\_\_\_  
Universal Student ID: \_\_\_\_\_ STARS Student ID: \_\_\_\_\_  
Parent(s)/Guardian(s) of the Student: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**B. INDIVIDUAL MAKING COMPLAINT/REQUEST FOR DUE PROCESS HEARING**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Relationship to Student:**

- Parent  Self/Adult Student (age 18-22)
- Legal Guardian  Local Education Agency (LEA)
- Parent Surrogate

**C. LEGAL REPRESENTATIVE/ATTORNEY INFORMATION (if applicable):**

Name/Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**D. COMPLAINT INFORMATION:**

**Complaint made against (check all that apply):**

- DCPS Public School(s) (name): \_\_\_\_\_
- Residential Treatment Facility (name): \_\_\_\_\_
- Public Charter School (when the Public Charter School is its own LEA) (name): \_\_\_\_\_
- Public Charter School (when DCPS is the LEA) (name): \_\_\_\_\_
- DYRS
- Non-public school(s) (name): \_\_\_\_\_
- Office of the State Superintendent of Education (OSSE)
- Parent/Guardian/Adult Student

## Mediation

IDEA requires that any time a party requests a due process hearing that mediation must be offered at no cost to the parent/guardian/adult student. Both parties may request mediation as an alternative to the Resolution Meeting. Mediation is also available prior to a due process hearing, but mediation may not be used to deny or delay a parent/guardian/adult student's right to a due process complaint. Please check one:

- I am requesting mediation as an alternative to the resolution session meeting.**
- I do not wish to use a mediator at this time.**

## Resolution Meeting

Prior to the opportunity for a due process hearing, the LEA shall convene a meeting (called a "Resolution Meeting") with the parent(s) unless the parent(s) and the LEA agree in writing to waive this meeting. If the complaint is against the school system, the parent(s) will be contacted by a representative of the school system to schedule the meeting with the school system. If the complaint is against the SEA (OSSE), no resolution meeting shall be convened.

*I understand that it is my right to have a Resolution Meeting to attempt to resolve the issues presented in this notice, prior to holding a due process hearing. I also understand that I may voluntarily waive this right if I choose. (Note: All parties must agree to waive the Resolution Meeting to avoid having this meeting).*

### **As the Parent/Guardian/Adult Student (please check one):**

- I do not wish to waive the Resolution Meeting.
  - **Will attorney/legal representative attend the Resolution Meeting?**  Yes  No
  - **Would you like to request a Facilitator to facilitate the Resolution Meeting?**  Yes  No

*(Facilitation is a voluntary process that brings people together to address the student's educational needs. A facilitator is a neutral person that helps participants communicate with each other so that everyone has an opportunity to express concerns and offer solutions).*
- I wish to waive the Resolution Meeting and keep the 30-day resolution period open.
- I wish to waive the Resolution Meeting, end the 30-day resolution period and proceed directly to a due process hearing.
- Not Applicable (LEA is filing the due process complaint).**
- Not Applicable (complaint filed against the Office of State Superintendent of Education (OSSE)).**

## Request for Expedited Hearing

All requests for expedited due process hearings must be made in writing, in a separate motion that accompanies the complaint, and must state the reason why expedited status should be granted.

### **I request the following type of Expedited Hearing:**

- Discipline** issues are raised in the complaint and an expedited hearing must be held. See 34 CFR 300.532(a).
- Non-Discipline** issues are raised in the complaint that affect the physical or emotional health or safety of the student or others, or there is other substantial justification for expediting the hearing. Note: It will be at the discretion of the Impartial Hearing Officer to determine whether the hearing will be expedited based on the reasons stated in the accompanying motion.

**E. FACTS AND REASONS FOR THE COMPLAINT:**

In accordance with the Individuals with Disabilities Education Act (IDEA), please answer the following questions. Provide complete details about all the facts supporting your claims, and be thorough in providing the information requested.

**- Please attach your answers as additional pages to the end of this document. -**

1. What is the nature of the problem, including the facts relating to the problem that will need to be addressed at a Resolution Meeting, a Mediation Session, and/or a Due Process Hearing?
2. To the extent known to you at this time, how can this problem be resolved?
3. Issues presented - (Be specific. Any issue not identified in this complaint cannot be raised at the due process hearing unless the other party agrees.)

**F. ACCOMMODATIONS / SECURITY:**

Estimated amount of time (hours/days) needed for your portion of the hearing: \_\_\_\_\_

Special Accommodations needed (check all that apply):

- Interpreter (language):** \_\_\_\_\_
- Disability assistance (please describe):** \_\_\_\_\_
- Other (please describe):** \_\_\_\_\_

**- If any party has concerns about their safety in a due process hearing, mediation, or facilitated meeting, prior to its commencement, they may make a request to ODR that security services be made available on the date(s) scheduled. The request must be submitted in writing, including a clear justification, and be sent to the attention of ODR at [hearing.office@dc.gov](mailto:hearing.office@dc.gov).**

**G. AFFIRMATIONS:**

**Waiver of Procedural Safeguards (Optional):**

- I (parent/guardian/adult student) waive receiving a copy of the procedural safeguards at this time. I understand that waiver of this right is optional and not a requirement for filing this complaint.

I (parent/guardian/adult student) would like to receive a copy of the Hearing Officer’s Determination by:

- E-mail (provide e-mail address) \_\_\_\_\_
- Certified Mail

**Parent/Guardian/Adult Student, Attorney or Local Education Agency Signature and Affirmation:**

By signing, I affirm that the information provided with this notice is true and correct:

Signature of Parent/Guardian or Adult Student	Date
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Signature of Attorney/Legal Representative (not required if filing party is not represented by an attorney/advocate)	Date
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Signature of representative of the Local Education Agency (LEA) (if the hearing is requested by an LEA)	Date
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**Mail, fax, e-mail, or hand-deliver this Due Process Complaint Notice to:**

Office of Dispute Resolution  
1050 First Street, NE, 3<sup>rd</sup> Floor, Washington, DC 20002  
Fax: (202) 478-2956  
E-mail: [Hearing.Office@dc.gov](mailto:Hearing.Office@dc.gov)