Due Process Complaint Notice

- The form is used to give notice of a due process complaint to the **District of Columbia Public Schools, District of Columbia Public Charter Schools (DCPS or LEA) and/or parents** with respect to any matter relating to the identification, evaluation, or educational placement of a child with a disability, or the provision of a free appropriate public education to that child. **A party may not have a due process hearing until the party, or the attorney representing the party, files a due process complaint notice that meets the requirements of the Individuals with Disabilities Education Improvement Act (IDEIA).**

- Parents initiating a complaint must provide a completed due process complaint form to the Local Education Agency ("LEA"). For students in traditional public schools, non-public day school, or residential treatment facility, notice to the LEA shall be provided to the Office of the General Counsel, 825 N. Capitol St. NE, Washington, D.C. 20002, with a copy to the Student Hearing Office. If a charter school is a named party, the due process complaint must be provided to the principal or director of the charter school, with a copy to the Student Hearing Office.

- 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.

- Prior to the opportunity for an impartial due process hearing, the Local Educational Agency (LEA) shall convene a meeting **(called a "Resolution Session")** with the parent(s) unless the parent(s) and the Local Educational Agency agree in writing to waive this meeting. You will be contacted by a representative of the Local Educational Agency to schedule the meeting. **The Student Hearing Office does NOT schedule resolution sessions**.

- Mediation is also available to all parties as an alternative to a resolution meeting or a Due Process Hearing.

- Policies and Procedures governing due process hearings are contained in federal and local law and the SHO SOP. You may obtain a copy of the SOP from the Student Hearing Office or any D.C. Public or Charter School without cost. The SOP is also at the DCPS website.

A. INFORMATION ABOUT THE STUDENT:

Student Name: _____ Birth Date: _____

Address: _____

Home School: _____

Present School of Attendance: _____

Is this a charter school? _____ (If yes, you must also provide a copy of this notice to the charter school principal or director)

Parent/Guardian of the Student: _____

Address (if different from the student's above): _____

Phone/Contact Number: _____ Fax Number (if applicable): _____

B. Individual Making the Complaint/Request for Due Process Hearing:

Name: _____

Complete Address: _____

_____

Phone: (h) _____ (w) _____ (Fax) _____ (e-mail) _____

Relationship to the Student:

☐ Parent ☐ Legal Guardian ☐ Parent Surrogate
☐ Self/Student ☐ Local Education Agency (LEA) ☐ Parent Advocate

C. Legal Representative/Attorney (if applicable):

Name: _____

Address: _____

_____

Phone: (w) _____ (Fax) _____ (e-mail) _____

Will attorney / legal representative attend the resolution session? ☐Yes ☐ No

D. Complaint Made Against (check all that apply):

☐DCPS school (name of the school if different from page one)_____
☐Charter school (name of the charter school if different from page one)_____
☐Non-public school or residential treatment facility (name) _____
☐Parent

E. Resolution Session Between Parent and LEA:

I understand that it is my right to have a resolution session to resolve this complaint. I also understand that I may voluntarily waive this right if I choose. (Note: All parties must agree to waive the resolution session to avoid having this meeting.)

☐ I wish to waive the Resolution Session.

F. Mediation Process:

IDEA requires that any time a party requests a due process hearing, mediation should be offered at no cost to the parent. Both parties can request mediation as an alternative to the Resolution Session. Mediation is also available prior to a due process hearing, but mediation may not be used to deny or delay a parent's right to a hearing on the parent's due process complaint. Please check all that apply:

☐ I am requesting mediation as an alternative to the resolution session meeting.

☐ I am requesting mediation services **only**.

☐ I do not wish to use a mediator at this time.

G. Facts and Reasons for the Complaint:

In accordance with the Individuals with Disabilities Education Improvement Act (IDEIA), please complete the following questions. Provide complete details about all the facts supporting your claims. (You may attach additional pages if needed):

1. What is the nature of the problem, including the facts relating to the problem, that will need to be addressed at a Resolution Session meeting, a Mediation Conference, 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:

H. Estimated amount of time needed for the hearing: _____

Note: In the absence of a specified amount of time, the SHO schedules hearings in two hour blocks of time and will allocate two hours to conduct the hearing. Please indicate if you believe more than two hours will be needed.

I. Accommodations and Assistance Needed:

Please list any special accommodations you may require for a Resolution Session Meeting/Mediation Conference/Due Process Hearing.

- Interpreter (please specify the type)_____
- Special Communication (please describe the type)_____
- Special Accommodations for Disability (please be specific)_____
- Other_____

J. Waiver of Procedural Safeguards (Optional):

☐ I (parent/guardian) 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.

K. Requirement to Consider Compensatory Education:

If a hearing is held on a date that is past the date on which the Hearing Officer's Determination was required to be issued, there is a rebuttable presumption of harm and compensatory education must be an issue considered by the Hearing Officer during the hearing.

L. Parent or Local Educational Agency Signature and Affirmation:

I affirm that the information provided on this form is true and correct.

_____
Signature of Parent or Guardian Date

_____
Signature of Representative of the Local Educational Agency Date
(if hearing requested by a LEA)

M. Signature of Attorney/ Legal Representative:

_____
Legal Representative / Advocate Date

Mail, fax or deliver this complaint notice to:
State Enforcement and Investigation Division
For Special Education Programs (SEID)
Student Hearing Office (SHO)
825 North Capitol Street, NE, 8th Floor
Washington, DC 20002

Fax number: 202/442-5556

STATE EDUCATION AGENCY
DISTRICT OF COLUMBIA PUBLIC SCHOOLS

In the matter of:	§	BEFORE A SPECIAL EDUCATION
	§	
_____	§	
Petitioner	§	
	§	HEARING OFFICER
vs.	§	
	§	
_____	§	
Respondent	§	DC PUBLIC SCHOOLS

NOTICE TO APPEAR

To: _____

This is to notify you that you are required to appear and under oath to give testimony as a witness at the Special Education Due Process Hearing in the above styled cause. The hearing is scheduled for:

Date: _____

Time: _____

Place: Special Education Student Hearing Office
825 North Capitol St., NE
8th Floor
Washington, DC 20002

This Notice to Appear is issued under the authority of the Individuals with Disabilities Education Act, 20 U.S.C. § 1415(h)(2), 5 D.C.M.R. § 3031.1(b), and § 800.1(4), Student Hearing Office Standard Operating Procedures. Any party to a special education administrative hearing has the right to present evidence and compel the attendance of witnesses who have knowledge of relevant facts or whose opinions are important for reaching an appropriate disposition on the merits of this case.

The exact time of your testimony cannot be determined prior to the date of the hearing. Under the hearing rules please be advised that you might be excluded from the hearing room prior to your testimony. You are welcome to bring reading material or such other activities as you may need to pass the time while waiting.

Your appearance has been requested by:

Name: _____

Address _____

_____

_____

Phone: _____

Signed this _____ day of _____, 2006.

_____
ATTORNEY

_____
SPECIAL EDUCATION HEARING OFFICER

PROOF OF SERVICE

This will certify that a true and correct copy of this Notice to Appear was served on:

Name of witness: _____

Date: _____

Time: _____

Manner of Service:

_____ Certified mail, return receipt requested

_____ Fax transmission

_____ Hand delivery

By: _____
(Person executing service)

Date: _____