



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

State Complaint Form

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

Please Note: This is a model form that was developed to assist you in filing a state complaint. You are not required to use this form to request an investigation; however, all of the information listed below must be included in your complaint.

Complainant Information (person or organization filing the state complaint)

Name:	Primary Phone Number:
Address:	Hours when you may be reached at primary number:
	Alternate phone number, if available:
	Email address, if available:
Relationship to child, if alleging violations with respect to a specific child (<i>optional</i>):	

Child Information (if alleging violations about a specific child)

Name:	Name of school or Early Intervention Service (EIS) provider the child attends:
Date of birth (<i>optional</i>):	
Address:	If the child is homeless, available contact address or phone number for the parent:

Mediation

Mediation is a voluntary process where a neutral individual assists the parties in a discussion of the disputed issues with the goal of resolving the dispute in a binding written agreement. Mediation services are available through OSSE's Office of Dispute Resolution (ODR).

Would you be interested in mediation to try to resolve the complaint? Yes No

Statement of Complaint

Name of Local Education Agency (LEA), school, EIS provider, or other public agency you allege violated the IDEA:

Please describe the alleged violation(s). Describe the specific facts that relate to the violation, including dates, names, and locations. If available, you may attach copies of any relevant documentation that supports the allegation(s) made in the complaint.

Please describe your proposed resolution of the problem(s).

Signature: _____ **Date:** _____

You may file a signed, completed complaint and any attachments or supporting documentation by mail or email. You must also submit a copy of the complaint to the LEA/school, EIS 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 Elementary, Secondary, and Specialized Education
Attn: Kirstin Hansen
1050 First St. NE, Fifth Floor
Washington, DC 20002

BY EMAIL ATTACHMENT: osse.IDEAstatecomplaints@dc.gov