



Model State Complaint Form

If you believe that a public agency has failed to comply with the Individuals with Disabilities Education Act (IDEA) or with a requirement of District of Columbia law regarding special education under Part B of IDEA or a public agency or private service provider with regard to early intervention services under Part C of the IDEA, you may file a complaint to initiate an investigation of the matter. Should you need assistance completing this form, please contact the State Complaint Office (SCO) for sources to contact to obtain assistance.

INSTRUCTIONS: This form has been 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 SCO that the complaint will not be investigated by the SCO. Requests for complaint investigations **MUST be signed and dated and filed with the SCO and, for IDEA Part B, a copy must be forwarded to the public agency at the same time the complaint is filed with the SCO.**

FOR OFFICE USE	Case No.	Assigned To:	Date Received:	Due Date:
-----------------------	-----------------	---------------------	-----------------------	------------------

Complainant Information

Name of Complainant:	Date:
	Relationship to child, if alleging violations with respect to specific child (Optional):
Address (Street, City, State, Zip):	Phone Number:
	Alternate Phone Number, if available (Optional):
	E-mail, if available:

PART B (children 3 through 21) ONLY:

Child Information, if alleging violations with respect to a specific child.

Name of Child:	Date of Birth (MM/DD/YYYY, if known (Optional):
Address of the residence of the child(Street, City, State, Zip):	If the child is homeless, available contact information of the child:
Name of Parent or Guardian (if other than person filing complaint), if known (Optional):	



Office of the State Superintendent of Education



DISTRICT OF COLUMBIA
MAYOR ADRIAN M. FENTY

Mediation¹

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

Would you like more information about mediation? Yes No

Signature(s)

By federal regulation, you must sign the request for a complaint investigation.

Signature of the person(s) filing the complaint: _____

Date: _____

Checklist

Before mailing/faxing/e-mailing your request for a complaint investigation, make sure the items below have been completed.

_____ You have completed all sections

_____ You have provided detailed information in regard to the allegation (attached additional pages if needed).

_____ You have provided a proposed resolution of the problem if alleging violations with respect to a specific child and to the extent known and available.

_____ You have signed your complaint.

Please submit complaint to:

BY MAIL:

Office of the State Superintendent of Education
Division of Special Education - State Complaint Office
810 First Street, NE – 5th Floor
Washington, DC 20002
Telephone: (202) 727-6436

BY FAX: (202) 741-0227

BY E-MAIL ATTACHMENT: osse.IDEAstatecomplaints@dc.gov

¹ Mediation is a voluntary process in which a neutral individual (mediator) assists the parties in having a full discussion and reaching an agreement. As an alternative to filing a state complaint or after a complaint is filed, mediation services, are available, at no cost to the complainant, through the OSSE's Student Hearing Office. Mediation is a voluntary process and both the complainant and public agency or private service provider must be willing to participate. Mediation will not delay the issuance of the final decision unless, in complaints alleging a violation of Part B, the complainant and the agency agree to extend the timeline to engage in mediation.