

<b>I. Complainant Contact Information</b>	Name of Parent, Individual or Organization filing the complaint:		Date:	
	Check one: <input type="checkbox"/> Parent or Person in Parental Relationship <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Parents' Attorney <input type="checkbox"/> School District/State Agency Representative <input type="checkbox"/> School District/State Agency Attorney <input type="checkbox"/> Other		Signature:	
	Mailing Address of Parent, Individual or Organization:			<input type="checkbox"/> Yes, I forwarded a copy of the State complaint to the school district or public agency
	Telephone: (H)		(w)	(Cell)
<b>II. Child-specific Information</b>	Child's Name:		Date of Birth:	
	Address of the Residence of the Child (if any):			
	Name/Address of the School the Child is Attending:			
	Additional Contact Information for Homeless Child or Youth, if available:			
<b>III. School Information</b>	Name of School District (or Public Agency) Responsible for the Provision of Services:			
	School Representative or Contact (if known):		Address:	
<b>IV. Complaint Information – Alleged Violation is Child-specific</b>	Describe the <b>nature of the problem</b> of the child (the concerns that led you to file this complaint), including <b>facts</b> relating to the problem. Attach additional pages or documents as necessary.			
	<input type="checkbox"/> Previous conversation with: _____  State your <b>proposed resolution</b> of the problem to the extent known and available at this time. Attach additional pages or documents as necessary.			
<b>V. Complaint Information – Alleged Violation is Systemic</b>	Statement that the school district or public agency has violated Part B of IDEA or a State law/regulation related to students with disabilities not more than one year prior to the date that the complaint is received.			
	Description of the facts on which the above statement is based:			

**FOLLOW UP:**

**Dates of Contact:** \_\_\_\_\_

**Superintendent**

**Designee:** \_\_\_\_\_

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**REFERRED TO FOR FOLLOW UP:**

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**Date feedback requested?** \_\_\_\_\_

**OTHER:**

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**Informal Complaint**

**Formal Complaint**

**20 day response completed by:**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**