

**REQUEST TO FILE A COMPLAINT  
WITH THE LOCAL EDUCATIONAL AGENCY (LEA)**

TO: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(School Superintendent)  
\_\_\_\_\_  
(School District)

CHILD'S INFORMATION	
Name of Child: _____	Date of Birth: _____ (optional)
Complainant: _____	School District: _____
Address: _____ _____ _____	Current Grade: _____ (optional)
	Current Placement: _____ (optional)
Phone No.: _____	Disability or Purported Disability: _____

Describe how the school district has violated requirements under the Individuals with Disabilities Education Act (IDEA), Part B. Include the facts on which your allegations are based. Attach additional page(s) as necessary.

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Optional:  
I am requesting compensatory services  
Other remedies: \_\_\_\_\_

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Note: The complaint decision filed with the LEA may be reviewed by OSDE, SES: Oklahoma State Department of Education, Special Education Services, 2500 N. Lincoln Blvd., Suite 412, Oklahoma City, OK 73105-4955.

Parents and schools are encouraged to utilize mediation to resolve special education disputes. Such participation is voluntary. Please contact the school or the Oklahoma State Department of Education at (405) 521-3351 for further information.

\_\_\_\_\_  
Signature of person filing the complaint

\_\_\_\_\_  
Date

- Parent    Advocate    Other