

## Due Process Complaint Notice to Request an Impartial Hearing

### Directions

This form may be used to submit a due process complaint notice (also known as a request for an impartial hearing). However, use of this form is optional. **All asterisked (\*) information is required. Make two copies of the completed form and submit as follows:**

- ⇒ If this form is submitted by the parent, send the original to the school district.
- ⇒ If this form is submitted by the school district, send the original to the parent.
- ⇒ In addition, send one copy to the New York State Education Department, Office of Special Education, Room 309 EB, 89 Washington Avenue, Albany, New York, 12234, Attention: Due Process Unit.
- ⇒ Retain a copy for your records.

**Reminder:** You may request [special education mediation](#) from your school district at any time, including prior to filing a due process complaint notice.

### Hearing Request

| Type of hearing request:  | Initial Hearing | Amended Hearing | Expedited Hearing |
|---|-----------------|-----------------|-------------------|
| Is there another impartial hearing in process for this same student?  | Yes             | No              |                   |
| If you checked "Yes," who is the impartial hearing officer?   |                 |                 |                   |
| Did you, or another representative of the parent, submit a due process complaint notice for this same student within the last 12 months that was later withdrawn? | Yes             | No              |                   |
| If you checked "Yes," who was the impartial hearing officer?  |                 |                 |                   |

### Student Information

|  |                                      |
|--|--------------------------------------|
| *Student's name ( <i>first/last</i> ):   | Date of birth ( <i>mm/dd/yyyy</i> ): |
| Student's disability classification:   |                                      |
| *Student's address (where the student resides):  |                                      |
| *If student is homeless, provide contact information if available ( <b>enter N/A if not applicable or available</b> ): |                                      |
| Name of parent or person in parental relationship:   |                                      |
| Mailing address for parent or person in parental relationship:   |                                      |
| Daytime phone (include area code):   | Email:                               |

### School Information

|  |
|--|
| *Name of school student attends:   |
| Name of school representative or contact (if known):                           |
| Name of school district or State agency responsible for provision of services: |
| Mailing address for school district or State agency:                           |

## Nature of Complaint

\*Describe the issues and concerns that led you to request this impartial hearing. Explain in detail and include all **specific facts** related to the problem (e.g., names, dates, locations, events, and actions). Attach additional pages or documents if necessary.

## Proposed Resolution

\*Describe a proposed resolution of the problem (what you believe should occur to correct the problem or how the issue could be resolved) to the extent known and available at this time. Attach additional pages or documents if necessary.

