Delaware Department of Education Exceptional Children Resources John G. Townsend Building 401 Federal Street, Suite 2 Dover, DE 19901 Phone: (302) 735-4210

Fax: (302) 739-4654 https://education.delaware.gov/

## SPECIAL EDUCATION STATE COMPLAINT FORM

The Delaware Department of Education (Department) provides this Special Education State Complaint Form in accordance with the Individuals with Disabilities Education Act (IDEA), and federal and state regulations. Persons or organizations who wish to file a state complaint may, but are not required to use this form. Note, all information requested by this form must be provided to the Department before an investigation can proceed, except for the areas noted as optional. You may use additional sheets as needed and attach relevant documents to support your allegations. For additional information on filing a state complaint, please see the Department's Special Education State Complaint Procedures on the Department's website at: <a href="www.doe.k12.de.us">www.doe.k12.de.us</a> or contact (302) 735-4210. You may also refer to the Department regulations concerning state complaints found at 14 DE Admin Code §§ 923.51.0 through 53.0 and federal regulations at 34 C.F.R. §§ 300.151 through 153.

Address:			
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Email:			
Relationship to Stud	1		

Student Information, if Alleging a Violation with Respect to a Specific Student:				
Student's Name:				
Address:				
School the Student is Attending:				
(Note: In the case of a homeless child or youth, please provide any available contact information for the child)				
Provide a description of the nature of the problem, including facts relating to the problem:				
Provide a proposed resolution of the problem (to the extent known and available to you):				

Optional: Provide a description of attempts made to resolve the problem(s) prior to filing this comp  Provide a statement the school district, charter school, or other public agency violat requirement of Part B of the IDEA or the Department special education regulations, and the upon which the statement is based. (Optional: Include the time frame in which the incid occurred. Note that the alleged violation[s] must not have occurred more than one year prior to the the Department receives the state complaint.)	
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<b>(4)</b>	Signature of Person or Organization Filing the State Complaint:					
	(Signature)	(Date)				

## TO FILE YOUR STATE COMPLAINT, SEND IT BY U.S. MAIL, HAND-DELIVERY, FAX, OR E-MAIL TO:

Director
Exceptional Children Resources
Delaware Department of Education
John G. Townsend Building
401 Federal Street, Suite 2
Dover, Delaware 19901
Fax: (302) 739-4654

E-mail: dispute.resolution@doe.k12.de.us

The Department accepts state complaints by E-mail.

## **Important Note:**

You must also send a copy of the complaint to the school district, charter school, or other public agency serving the student at the same time you file the complaint with the Department of Education.