STATE COMPLAINT FORM

COLORADO
Department of Education

FILING INSTRUCTIONS

A state complaint may be filed by an individual or organization who believes a public agency (i.e., a school district, a board of cooperative educational services ("BOCES"), a State Operated Program, or the State Education Agency (in this case, the Colorado Department of Education ("CDE")) is not following the Individuals with Disabilities Education Act ("IDEA"), the Exceptional Children's Educational Act ("ECEA") and/or the Protection of Students from Restraint and Seclusion Act ("RSA").

The use of this model form is *not* required; however, a complaint must contain the following information to be accepted for investigation:

1. Name and address of the person filing the complaint (page 2);
2. Name and address of the child involved and the name of the school the child attends, if the violations are related to a specific student. In the case of a homeless child, available contact information for the child and the name of the school the child attends (page 2);
3. One or more allegations (problems/concerns) that the public agency is not following the IDEA, ECEA, and/or RSA. The problems/concerns must have occurred not more than one year prior to the date that the complaint is received by the CDE (pages 4-6);
4. Facts and/or a description of the events that support each problem/concern (pages 4-6);
5. Proposed resolution of the problem or the relief sought (to the extent known and available to the person filing the complaint) (pages 4-6); and
6. Signature of the person filing the complaint (page 8).

The CDE is only authorized to investigate allegations regarding special education and related services under the IDEA and/or ECEA, and allegations regarding the use of restraints or seclusion under the RSA. For more information, visit www.cde.state.co.us/spedlaw.

The CDE cannot investigate alleged violations of Section 504 of the Rehabilitation Act of 1973, or allegations concerning abuse, retaliation, or a hostile environment based on a disability. For these concerns, please contact the Office for Civil Rights at 303-844-5695 or OCR.Denver@ed.gov.

CONTACT INFORMATION

Contact Information of the Individual or Organization Filing the Complaint

Full Name

Relationship to Child

Mailing Address

City | State | Zip Code

Telephone Number (optional)

E-mail Address (optional)

Contact Information of the Child Involved

Full Name | Date of Birth (optional) | Grade Level (optional)

Home Address

City | State | Zip Code

School or Program Child Attends

Contact Information of the School District, BOCES, State Operated Program, or CDE

Name of School District, BOCES, State Operated Program, or CDE

Mailing Address (optional)

City (optional) | State (optional) | Zip Code (optional)

Telephone Number (optional)

EXAMPLES OF ALLEGED VIOLATIONS, SUPPORTING FACTS AND PROPOSED RESOLUTIONS

Describe each problem/concern (alleged violation), what happened (supporting facts), and how the school can fix the problem/concern (proposed resolution). See the examples below.

ALLEGATION	SUPPORTING FACTS	PROPOSED RESOLUTION
The school did not implement my child's IEP.	My child's IEP includes 30 minutes per week of speech-language services. I heard at a parent-teacher conference that my child has not seen the speech therapist all year.	Provide make-up services to my child.
The school did not complete an initial special education evaluation within 60 school days of receiving parent consent.	I asked for a special education evaluation because my 6th grade son has had a difficult transition to middle school. He is failing his classes and has been suspended several times. I signed a consent form when I met with the counselor 5 months ago. I never received the testing results. My son is still having trouble in school.	Send me a copy of the completed evaluation and hold an eligibility meeting to discuss the results.
The regular education teachers refuse to accommodate my child's disability.	My daughter has a specific learning disability. Her IEP says teachers will let her have extra time to complete assignments and that she can take tests in a separate room so they can be read to her. Her teachers lower her grade on assignments when she takes extra time to complete them and will not let her go to a separate room to take tests.	Provide training to the regular education teachers and make sure they implement my child's IEP.
School staff secluded my child and did not tell me about it.	The principal placed my child alone in a room without windows. The principal held the door shut and my child could not leave the room. The principal did not tell me that this had happened.	Provide training to the principal on the use of seclusion and parent notification requirements.

STATEMENT OF ALLEGED VIOLATIONS, SUPPORTING FACTS AND PROPOSED RESOLUTIONS

Describe each problem/concern (alleged violation), what happened (supporting facts), and how the school can solve the problem/concern (proposed resolution).

You may provide additional documentation (such as IEPs, prior written notices or e-mails) along with this form, but you are not required to submit additional documentation. Please understand that additional documentation will not be considered by the CDE in determining whether to accept the complaint for investigation. Additional documentation, such as IEPs, prior written notices, e-mails, etc. will only be reviewed by the CDE after a state complaint is accepted for investigation.

ALLEGED VIOLATION NO. 1

Describe the problem/concern. You do not have to know specifically what law was violated, but you must explain in detail what you believe the school has done wrong. The problem/concern must have happened within one year from the date the complaint is filed.

SUPPORTING FACTS FOR ALLEGED VIOLATION NO. 1

Describe the events and actions (to include dates, names, and locations) that lead you to believe the school did not follow the law.

PROPOSED RESOLUTION FOR ALLEGED VIOLATION NO. 1

Describe how you believe this problem could be solved.

If additional space is needed, please use a separate sheet and attach it to this form.

STATEMENT OF ALLEGED VIOLATIONS, SUPPORTING FACTS AND PROPOSED RESOLUTIONS

ALLEGED VIOLATION NO. 2

Describe the problem/concern. You do not have to know specifically what law was violated, but you must explain in detail what you believe the school has done wrong. The problem/concern must have happened within one year from the date the complaint is filed.

SUPPORTING FACTS FOR ALLEGED VIOLATION NO. 2

Describe the events and actions (to include dates, names, and locations) that lead you to believe the school did not follow the law.

PROPOSED RESOLUTION FOR ALLEGED VIOLATION NO. 2

Describe how you believe this problem could be solved.

If additional space is needed, please use a separate sheet and attach it to this form.

STATEMENT OF ALLEGED VIOLATIONS, SUPPORTING FACTS AND PROPOSED RESOLUTIONS

ALLEGED VIOLATION NO. 3

Describe the problem/concern. You do not have to know specifically what law was violated, but you must explain in detail what you believe the school has done wrong. The problem/concern must have happened within one year from the date the complaint is filed.

SUPPORTING FACTS FOR ALLEGED VIOLATION NO. 3

Describe the events and actions (to include dates, names, and locations) that lead you to believe the school did not follow the law.

PROPOSED RESOLUTION FOR ALLEGED VIOLATION NO. 3

Describe how you believe this problem could be solved.

If additional space is needed, please use a separate sheet and attach it to this form.

1. Mail or hand-deliver the complaint form and all attachments to:

   IDEA Part B State Complaints Officer
   Colorado Department of Education
   Exceptional Student Services Unit, Dispute Resolution Office
   201 E. Colfax Ave., Room 402
   Denver, CO 80203

   Faxed or e-mailed complaints are not accepted.

2. You are required to send a copy of the complaint and all attachments to the Director of Special Education for the school district, BOCES, State Operated Program, at the same time you submit this to the CDE.

MEDIATION

Interested in mediation? Mediation provides an opportunity to resolve allegations through the assistance of a mediator who is impartial and trained in special education law. Mediators are not employees of the CDE or a school district/BOCES/State Operated Program. Mediation is voluntary and is provided at no cost.

☐ I am interested in more information about mediation, and would like a CDE dispute resolution representative to contact me.

☐ I am requesting mediation. Please contact me.

CHECKLIST

Prior to mailing or delivering this form to the CDE and the Director of Special Education for the school district, BOCES or State Operated Program, please make sure you have completed the following items:

- ☐ Your name, address, and contact information (page 2);
- ☐ Name and address of the child involved, and the name of the school the child attends, if the violations are related to a specific student (page 2);
- ☐ A description of the nature of the problem, including the facts related to the problem or concern (pages 4-6);
- ☐ How the problem/concern can be solved, to the extent that you know (pages 4-6); and
- ☐ Your signature (page 8)

SIGNATURE

_____

Print Name

_____

Signature

_____

Date