



OFFICE FOR DISPUTE  
RESOLUTION

## Due Process Complaint

IDEA  IDEA & Gifted Education  Gifted Education  Section 504

Today's Date:		Requested by: <input type="checkbox"/> Parent <input type="checkbox"/> LEA	
Name of Person Completing this Request:	Relationship to Student:	Phone:	

Please send a copy of the completed Due Process Complaint to the opposing party at the same time it is filed with the Office for Dispute Resolution.

If you require special accommodations to participate in the due process hearing, you must notify the LEA.

### Student Information

Last Name:	First Name:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Exceptionality(ies):		Exceptionality(ies):	
LEA (Local Education Agency):		School Building Student Attends:	

### Parent(s) Residing with Student

Last Name:		First Name:		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Home Phone:	Cell Phone:	Work Phone:		Email:	
<b>Preferred method of written correspondence:</b> <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail					
Last Name:		First Name:		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Home Phone:	Cell Phone:	Work Phone:		Email:	
<b>Preferred method of written correspondence:</b> <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail					

### Parent(s)/Student Address:

Parent Attorney (if represented):		Attorney Phone:
Attorney Address:		Attorney Email:

### Parent(s) Not Residing with Student

Last Name:		First Name:		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father	
Home Phone:	Cell Phone:	Work Phone:		Email:	
<b>Preferred method of written correspondence:</b> <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail					
Parent Address:					
Parent Attorney (if represented):		Attorney Phone:			
Attorney Address:		Attorney Email:			
City / State / ZIP					

**Local Education Agency (LEA) Information**

**I. LEA Contact Person Information**

<b>Last Name:</b>		<b>First Name:</b>	<b>Position Title:</b>
<b>Cell Phone:</b>	<b>Work Phone:</b>		<b>Email:</b>
<b>Address:</b>			

**II. Superintendent/CEO:**

<b>Last Name:</b>		<b>First Name:</b>	<b>Position Title:</b>
<b>Address:</b>			<b>Phone:</b>

**III. LEA Attorney:**

<b>LEA Attorney:</b>		<b>Attorney Phone:</b>
		<b>Attorney Email:</b>
<b>Attorney Address:</b>		

**IV. The due process hearing will be held at the following address:**  
*(Building Name, Address and Room Number/Name – to be completed by the LEA)*

Note: The hearing will be held at a time and place reasonably convenient to parents and child involved. For gifted education cases, the hearing will be held in the school district at a place reasonably convenient to the parents, and, at the request of parents, may be held in the evening.

**Information About the Due Process Complaint (IDEA Cases only)**

**A.** Does your issue pertain to a hearing officer decision which has not been implemented?  Yes  No  
*(If yes, the Bureau of Special Education will be notified, and will investigate the matter. Due process is not available when the issue pertains to non-implementation of a hearing officer decision.)*

**B.** Is this a request for a hearing based on a disagreement about:  
 Discipline       ESY (Extended School Year)

Check here if student is in the ESY target group.

**Information About the Due Process Complaint (All Cases)**

You may use this form to explain the nature of your dispute, or you may attach a separate piece of paper containing this information.

**What is the dispute about? Please include facts in your description.**

[Empty rectangular box for text entry]

**How would you like to see this resolved? What are you seeking?**

[Empty rectangular box for text entry]

**If you know the other side's position about this problem, please describe it here.**

[Empty rectangular box for text entry]

**RESOLUTION MEETING (IDEA Cases only)**

Prior to a due process hearing taking place, if the parent filed the due process complaint, the law requires the parties to participate in a resolution meeting, unless both sides agree in writing to waive this requirement. Please complete the following information:

- 1. A resolution meeting to discuss these issues is scheduled for: \_\_\_\_\_ (Date)
- 2. A resolution meeting was held on: \_\_\_\_\_ (Date)
- 3. Participation in the resolution meeting was waived by both parents and the LEA in writing on: \_\_\_\_\_ (Date)
- 4. In lieu of a resolution meeting, I am requesting mediation\*.

**\* If #4 is checked, an ODR mediation case manager will be in contact with the parties.**

An ODR staff member will confirm receipt of complaint and provide case manager and hearing officer information.

Additional information about due process is available on the ODR website, [www.odr-pa.org](http://www.odr-pa.org) , or by calling the Special Education ConsultLine, 800-879-2301.