

DUE PROCESS COMPLAINT NOTICE – PARENT

To: _____
 (SCHOOL SUPERINTENDENT)

 (SCHOOL DISTRICT)

Address: _____

CHILD'S INFORMATION

Child's Name: _____
 Address of Child's
 Residence: _____

School: _____
 Current Grade/
 Placement: _____
 Date of Birth: _____
 Disability: _____

DUE PROCESS REQUEST**NAME OF PARENT/GUARDIAN AND ANY ATTORNEY REPRESENTING THE CHILD**

Name of Parent
 or Guardian: _____
 Address: _____

 Telephone: _____
 Fax: _____
 E-mail: _____

Name of Attorney: _____
 Business Address: _____

 Telephone: _____
 Fax: _____
 E-mail: _____

Describe the nature of the problem(s) of the child relating to the proposed initiation or change of identification, evaluation, placement, or appropriateness of the education of your child, including specific facts relating to such problem which make this hearing necessary. (Attach additional pages if necessary.) _____

A proposed resolution of the problem to the extent known and available to the party. _____

Parents have the right to request mediation to resolve this problem. Such participation is voluntary. Please contact the school or the Oklahoma State Department of Education at (405) 521-3351 for further information. The due process hearing timeline does not begin until the complaint notice, completed in accordance with all requirements, is received by both the school and the Oklahoma State Department of Education, Special Education Services. A copy of the notice must be mailed or faxed to:

Oklahoma State Department of Education
Attn: Special Education Services
 2500 North Lincoln Boulevard, Suite 412
 Oklahoma City, Oklahoma 73105-4599
 Fax: (405) 522-3503

Signature: _____

Date _____