

## State Administrative Complaint Special Education

An individual or organization may file a signed written complaint. Please submit any request for a state complaint investigation to the Dispute Resolution Coordinator for the State Department of Education (SDE). The alleged violations may not be older than one year (365 days) from the date the complaint is received by the SDE.

You may either use this form or submit a letter that includes the required information below, including your signature and confirmation that a copy of your complaint has been provided to the school district. If you need assistance filing a complaint, please contact our office at (208) 332-6314. \*Asterisked items are optional and not required.

NOTE: It is necessary for you to provide a copy of the complaint to the school district named below.

	Date:		
GENERAL INFORMATION			
Name of Individual Filing the Compl	aint:		
Address:			
City:			
Email:		Phone:	
*Preferred Method of Contact:	☐ Email	☐ Phone	
*Relationship to Student:			
STUDENT INFORMATION			
Student Name:			
Student Address:			
*Student's Grade:			
School District:	School	ol Student Attends:	
PARENT/GUARDIAN INFORMATION	N		
Parent/Guardian Name:			ne As Complainant
Address:			
City:			
Email:		Phone:	

## **SCHOOL DISTRICT INFORMATION**

Name of School District/Charter Complaint Is Against:				
*Special Education Director Name:				
*Email: *Phone:				
(If the complaint involves more than one student, please complete the student and district information for each student.)				
In the case of a homeless child or youth, provide available contact information:				
<b>DESCRIPTION OF THE PROBLEM:</b> Provide a description of the specific issues related to the alleged violation(s) of Part B of the Individuals with Disabilities Education Act (IDEA). Include statements of fact and <u>dates</u> relating to the alleged violation(s). The alleged violations must have occurred <u>within the last 12 months</u> . You may attach additional pages if needed.				

<b>PROPOSED RESOLUTION:</b> Please provide your sugge	stions for resolving the alleged violation(s).
Signature of Complainant	Date
☐ I confirm that a copy of this request for a sta the special education director of the named school	te complaint investigation has been provided to district or charter.
You may mail, fax or email the signed and completed	d complaint to the following:
Planta Banda tha Garathana	

Dispute Resolution Coordinator Idaho State Department of Education Post Office Box 83720 Boise, Idaho 83720-0027

Fax: (208) 334-2228

Email: disputeresolution@sde.idaho.gov

The Idaho State Department of Education takes precautions to maintain the confidentiality of personally identifiable information. However, email communications are not always secure and may be read by individuals who are not the intended recipients. By completing this sample form and emailing it to the Idaho State Department of Education you acknowledge that you understand the potential risks and are voluntarily communicating by email.