



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 Complaint: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

*Preferred Method of Contact: Email Phone

*Relationship to Student: _____

STUDENT INFORMATION

Student Name: _____

Student Address: _____

*Student's Grade: _____ *Student's Age: _____

School District: _____ School Student Attends: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Check Here If Same As Complainant

Address: _____

City: _____ Zip: _____

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:

DESCRIPTION OF THE PROBLEM: 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 **dates** relating to the alleged violation(s). The alleged violations must have occurred within the last 12 months. *You may attach additional pages if needed.*

PROPOSED RESOLUTION: Please provide your suggestions for resolving the alleged violation(s).

Signature of Complainant

Date

I confirm that a copy of this request for a state complaint investigation has been provided to the special education director of the named school district or charter.

You may mail, fax or email the signed and completed complaint to the following:

**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.