



# 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 Idaho Department of Education. The alleged violations may not be older than one year (365 days) from the date the complaint is received by the department.

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.*

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

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\_\_\_\_\_  
**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 or email the signed and completed complaint to the following:*

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

**Email: [disputeresolution@sde.idaho.gov](mailto:disputeresolution@sde.idaho.gov)**

*The Idaho 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 Department of Education you acknowledge that you understand the potential risks and are voluntarily communicating by email.*