

NOTICE OF ADMINISTRATIVE COMPLAINT

Information that is requested in all shaded boxes must be provided. This form may be completed by the parent of the child with a disability or, if appropriate, the attorney representing the child. In the case of a homeless child or youth, provide available contact information and the name of the school the child is attending.

1. CHILD		
CHILD'S NAME	CHILD'S ADDRESS	CHILD'S DATE OF BIRTH
FIRST NAME: LAST NAME: MIDDLE INITIAL:	ADDRESS LINE 1: ADDRESS LINE 2: CITY: STATE: ZIP CODE:	MM/DD/YY
SCHOOL OR PROGRAM ATTENDED	SCHOOL / PROGRAM ADDRESS	SCHOOL CONTACT NAME & NUMBER
SCHOOL NAME: CURRENT GRADE LEVEL:	ADDRESS LINE 1: ADDRESS LINE 2: CITY: STATE: ZIP CODE:	NAME: TITLE: CONTACT NUMBER:
PARENT OR GUARDIAN	PARENT / GUARDIAN ADDRESS (IF DIFFERENT)	PARENT / GUARDIAN PHONE
NAME: AFFILIATION: <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN	ADDRESS LINE 1: ADDRESS LINE 2: CITY: STATE: ZIP CODE:	PRIMARY PHONE: SECONDARY PHONE: EMAIL:
ATTORNEY OR LEGAL REPRESENTATIVE	DISTRICT ADDRESS	PHONE / FAX
NAME: ADDRESS LINE 1: ADDRESS LINE 2: CITY: STATE: ZIP CODE:	DISTRICT NAME: ADDRESS LINE 1: ADDRESS LINE 2: CITY: STATE: ZIP CODE:	NAME: TITLE: CONTACT NUMBER: FAX NUMBER:

Parent/Guardian Signature (required): _____ Date: _____

2. PROBLEM

PARENTS MAY MAKE A COMPLAINT IF THEY DISAGREE WITH THE IDENTIFICATION, EVALUATION, EDUCATIONAL PLACEMENT, PROVISION(S) OF A FREE APPROPRIATE PUBLIC EDUCATION (FAPE) TO THEIR CHILD OR OTHER SPECIAL EDUCATION RELATED ISSUE(S).

DESCRIBE THE PROBLEM WITH YOUR CHILD'S SPECIAL EDUCATION PROGRAM, AND THE SPECIFIC ACTIONS THAT THE SCHOOL DISTRICT HAS TAKEN OR REFUSED TO TAKE. INCLUDE FACTS ABOUT THE PROBLEM.

3. PROPOSED SOLUTION

DESCRIBE WHAT YOU THINK NEEDS TO BE DONE TO SOLVE THE PROBLEM, IF YOU KNOW OR HAVE ANY SPECIFIC IDEAS AT THIS TIME.