SAMPLE SPECIAL EDUCATION DUE PROCESS COMPLAINT*

1. Name of Person Filing Complaint:	2. Name of Additional Person Filing Complaint:	
Address:	Address:	
Telephone numbers:	Telephone numbers:	
1		
Relationship to Student:	Relationship to Student:	
3. Name of Student whose education	Age:	
program is in dispute:	Current Grade:	
Home Address of Student:	In case of homeless student, please provide available contact information:	
School:	School Address:	
4. Subject(s) of the Complaint against the school: Please include the disability suspected or involved, and give a brief summary of what happened, when it happened, and for each incident, why you believe this to be a violation of the special education laws that apply to DoD schools and y our child. Use additional sheets of paper if you need them, and attach them to this document.		

5. List the specific teachers, school administrative personnel, or school district personnel with whom you have talked to try to resolve this complaint,		
6. Provide a description of the additional facts relating to the problem, that you think are important to understanding why your child has been denied his or her rights under the IDEA and related special education law. For each issue, give specific facts about what the school did or proposed or changed, when it did this, and why you think was in violation of special education law, or what the school refused to do, when it refused to do this, and why you think was in violation of special education law. Use additional sheets of paper if you need them, and attach them to this document.		

7. Please provide a proposed solution to each problem, to the extent you know or to the extent available to you at this time. You may wish to number the problems you identify above and to match those problems to the same numbers you assign to the proposed resolutions. A copy of this complete the proposed resolutions A copy of this complete the proposed resolutions			
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