



State Administrative Complaint

Special Education

Please submit any request for a state complaint investigation to the *Dispute Resolution Coordinator, State Department of Education, PO Box 83720, Boise, ID 83720-0027* or fax the form to (208) 334-2228. The alleged violations may not be older than one year (365 days) from the date the complaint is received by the SDE. **It is also necessary for you to provide a copy of this form to the school district named below** (You may use this form or submit a letter that includes the information below, including certifying that you have provided a copy to the school district).

A. GENERAL INFORMATION:

Name of Individual Filing the Complaint: _____

Address: _____

City: _____ Zip: _____

Email: _____ Telephone: _____

Preferred Method of Contact: Telephone Email

Relationship to Student: _____

Name of District /Agency Complaint Is Against: _____

STUDENT INFORMATION

Student Name: _____

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

School Student Attends: _____

Parent/Guardian Name: _____

Check Here If Same As Complainant

Address: _____

Parent/Guardian Name: _____

Check Here If Same As Complainant

City: _____ Zip: _____

Email: _____ Telephone: _____

DISTRICT INFORMATION

Special Education Director Name: _____

Phone: _____ Email: _____

(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: Provide a description of the specific issues related to the alleged violation(s) of Part B the Individuals with Disabilities Education Act (IDEA). Include dates and statements of fact relating to the alleged violation(s).

C. RESOLUTION: Please provide your suggestions for resolving the problem.

By my signature below, I certify that a copy of this request for a state complaint investigation has been provided to the special education director of the named school district.

Signature of Complainant
(May be typed)

Date

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 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.

If you do not wish to email this form, you may print, sign and mail the completed form to

*Dispute Resolution Program
Idaho Department of Education
PO Box 83720
Boise, ID 83720-0027*