

FORM FOR FILING A STATE COMPLAINT

Please submit any request for a state complaint to the Dispute Resolution Coordinator, State Department of Education, P.O. Box 83720, Boise, ID 83720-0027. The alleged violations may not be older than one year (365 days) from the date the complaint is received by the SDE. (You may use this form or submit a letter that includes the information below.)

A. General Information: (type or print)

Date: _____ Name of Individual Filing the Complaint: _____

Address: _____

City: _____ Zip: _____ Email: _____

Telephone: (Hm) _____ (Wk) _____ (Cell) _____

Relationship to Student: _____

Name of District /Agency Complaint Is Against: _____

Student Information:

Student Name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

School Student Attends: _____

Student's Date of Birth: _____

District Information:

District Contact: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

(If 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:
