This form assists you in providing the information needed for filing a special education state complaint on behalf of a child, or group of children eligible for special education under the Individuals with Disabilities Education Act (IDEA). The state complaint process may be used when you believe that a school department or other public education agency has violated special education laws or regulations. The use of this form is not required to file a state complaint. However, when not using this form, your complaint must contain all required elements. Required elements are denoted by (\*).

For information regarding dispute resolution options visit the Department’s website at: <http://www.ride.ri.gov/StudentsFamilies/SpecialEducation/WhenSchoolsandFamiliesDoNotAgree.aspx>

Assistance with this form is available from the Office of Student, Community and Academic Supports Call Center at (401) 222-8999.*)*

**Complainant Information** *(person filing the state complaint)*

|  |  |
| --- | --- |
| \*Name: | \*Phone/Contact Number(s): |
| \*Mailing Address (if different than child’s):  (Street, City, State, Zip) | Relationship to child: |
| Language preferred for:  spoken conversation:  written communication: |

**If your complaint is about a specific child, complete the following section. Required elements are denoted by (\*).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Child’s Name: | | Date of Birth: | | |
| \*Address where the child lives:  Street | | City | State, Zip | |
| \*School that the child attends: | | Grade Level that the child attends: | | |
| City/Town where the school is located: | | City or Town | | |
| \*In the case of a homeless child or youth (within the meaning of the McKinney-Vento Homeless Assistance Act (42 USC 11434a(2)), available contact information for the child instead of the address, and the name of the school the child is attending. | |  | | |
| Allegation(s) | | \*The school district/public agency is in violation of the requirements of the IDEA, specifically: | | |
| Facts | | \*Please describe the nature of the problem, including the facts related to the problem: | | |
| Proposed Resolution | | \*To the extent known, what would resolve the problem? | | |

PARTY FILING STATE COMPLAINT:

\*Signature: Date:

**VERIFICATION** THAT A COPY OF THIS STATE COMPLAINT IS BEING FORWARDED TO THE SUPERINTENDENT OF THE SCHOOL DISTRICT/PUBLIC AGENCY (Circle one) Yes No

Please submit this completed form, or all information contained within, to: Dispute Resolution, Suite 500,Office of Student, Community and Academic Supports, RI Dept. of Education, 255 Westminster Street, Providence, RI 02903.