



Rhode Island Department of Elementary & Secondary Education
**Model Form to Assist Parents/Guardians, other Individuals or Organizations in Filing
 A Special Education State Complaint**

(Revised 2/2024)

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:		
*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.		



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Allegation(s)	<p>*The school district/public agency is in violation of the requirements of the IDEA, specifically:</p>
Facts	<p>*Please describe the nature of the problem, including the facts related to the problem:</p>
Proposed Resolution	<p>*To the extent known, what would resolve the problem?</p>



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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 (Check 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.