

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 1/2019)

This form assists you in providing the information needed for filing a special education state complaint on behalf of a child 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. This complaint process is not the avenue to use when you and the school department or agency disagree about eligibility for services, the type or amount of specialized instruction or therapy services, or the appropriateness of a placement. Special Education State Complaint Procedures and other dispute resolution processes are explained on the Department's website at: http://www.ride.ri.gov/StudentsFamilies/SpecialEducation/WhenSchoolsandFamiliesDoNotAgree.aspx

| Child's Information | Child's Name: Address where the child lives: Street City | Grade level: School the child attends: City/Town where the school is located: |
|---------------------------------------|--|---|
| | State, Zip | City or Town |
| Parent(s)'/Guardian(s) Information | Parent(s) or Guardian(s) Name(s): | Parent(s) Phone/Contact Number(s): |
| | Mailing Address (if different than child's) | Language used for <u>printed</u> material: Language preferred for spoken conversation: |
| | (Street, City, State, Zip) | _ |
| | (Please use an add | ditional page as needed) |
| | Please state the nature of the problem, including t | he violation you believe occurred: |
| ion | | |

Please describe the facts on which you base the allegation, including when the problem occurred:



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| Proposed Resolution | What would resolve the problem? | | | | |
|---|--|-------------|---|--|--|
| PERSON FILING COMPLAINT: NAME (Print):RELATIONSHIP TO STUDENT: ADDRESS: Street City/Town State Zip Code | | | | | |
| , looni | Street | Citv/T | own State Zip Code | | |
| TELEPHONE/CELL/FAX: | | | | | |
| SIGNATURE: DATE: | | | | | |
| | his completed form to EACH of the follogen School department serving the child | wing: 2. | The R.I. Department of Education Dispute Resolution, Suite 500 Office of Student, Community and Academic Supports (OSCAS) 255 Westminster Street, Providence, RI 02903-3400 | | |

Regulations Governing the Education of Children with Disabilities can be found at: https://rules.sos.ri.gov/regulations/part/200-20-30-6