State Complaint State Complaint alleging violation of IDEA 2004 and corresponding State & Federal Regulations

Your Name:		Student Name:
Date:		Phone Number:
Address:		
Student Address (i	f different from above):	
School District:		School Name:
School Address:		
Grade:	1	Sirthdate:
Relationship to stu	ident or students (circle	one below):
Parent	Attorney Advoo	eate Other (please specify):
1.4	complaint investigation ebsite at <u>http://dese.ade</u> .	procedures can be obtained by request (at 501.682.4291) or car arkansas.gov.
According to fede	eral regulations, a com	plaint must:

- 1) Be in writing;
- 2) Be signed;
- 3) Include a statement that a public agency (usually a school district) has violated a requirement of law;
- 4) Include the facts upon which the allegation is based;
- 5) Must allege a violation that occurred within the past year;
- 6) Must include a proposed resolution to the alleged violation; and
- 7) Must be forwarded to the public agency serving the child at the time the complaint is sent to ADE.

The form is optional. Complainants may submit their concerns to ADE (at the address listed on the bottom of this form) by using plain paper, stationary, etc.

Please attach additional pages if necessary.

A. Statement of the violation:

You do not have to know specifically what law was violated, but you must explain what you believe the school has done wrong, e.g. "The teachers are not following my child's IEP."

B. Facts upon which the allegation is based:

Describe what actually happened to lead you to believe the school has violated the law, for example, "My child's IEP says he will be seated in the front of the classroom, but when I visited his class yesterday, he was seated in the back of the classroom."

C. Proposed Resolution:

Signature: _____

Date: _____

If you have any questions or require assistance in completing the complaint process, please contact:

Office of Special Education Dispute Resolution Section Arkansas Department of Education Division of Elementary and Secondary Education 1401 W. Capitol Avenue, Suite 450 Little Rock, AR 72201 Phone: 501-682-4291 Fax: 501-682-4313 Website: http://dese.ade.arkansas.gov