REQUEST FOR SPECIAL EDUCATION FORMAL COMPLAINT INVESTIGATION

You are not required to use this form to request a complaint investigation; however, all complaint investigation requests **must** be signed and **must** include all of the information required by law. A checklist is provided on the second page of this form for you to use before mailing/faxing the completed form. If your request is student-specific, you must provide the student's name and school district. If your request alleges systemic violations of special education law, skip the "Student Information" section and complete the rest of the form.

1. Student Information

Name: _____ Date of Birth: ____/_____/_____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Alternate phone number: _____

Name of school student attends/attended: _____

☐ Male ☐ Female Grade: ____ Race: _____ Exceptionality: _____

Is student currently receiving special education services? ☐ Yes ☐ No

2. Requestor Information

Requestor Name: _____ Relationship to student: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Alternate phone number: _____

Fax number: _____ Email address: _____

Does requestor need accommodations in order to participate in this process? ☐ Yes ☐ No

3. Complaint Information

Your complaint must allege a violation of the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §1400 et seq., La. R.S. 17:1941 et seq., and/or their implementing regulations. The violation must have occurred within two years before the Department received the complaint investigation request. Describe the problem/nature of dispute. What are the relevant facts, significant people, dates, and/or events? Do you have a proposal/resolution for the stated dispute/problems(s)? Are there any documents the investigator should review that support the allegation(s)? (If so use Exhibit List)

**Attach pages with additional information or allegations as needed. (Additional pages ☐)

***Are you interested in mediation? ☐ Did you submit a mediation request? ☐

4. Notification for Complaint Investigation

By federal and state regulation, you must send a copy of the request for complaint investigation to the school district. Indicate below when and to whom you sent the copy of the complaint letter.

Date Sent: _____/_____/_____

_____ Special Education Director or Superintendent

_____ Mailing Address

Tracking # (if applicable) _____ Email address: _____

5. Signature(s)

*By federal and state regulation, you **must** sign the request for complaint investigation.*

Requestor's Signature: _____ Date: _____/_____/_____

Complaint Request Checklist

Before submitting your request for a formal complaint investigation, please make sure you have completed the items listed below.

☐ You provided the student's name, contact information, and name of the school or school district the student attends when requesting a formal complaint investigation on behalf of an individual student. (Section 1)

☐ You provided your name, address, email, and contact information where you can be reached. (Section 2)

☐ You provided detailed information about when, where, and how the alleged violation took place. (Section 3)

☐ You provided a proposed solution to the problem, if known. (Section 3)

☐ You signed your complaint. (Section 5)

☐ You sent a signed copy of your complaint to the school district. (Section 4)

☐ Only alleged violations that occurred within TWO YEARS of the date the Department receives the complaint investigation request will be considered. (Section 3)

Mail, fax, or email your complaint to:

Louisiana Department of Education
Attn: Legal Division
1201 North 3rd Street
Baton Rouge, LA 70802
Fax: (225) 342·1197
Email: DisputeResolution.DOE@la.gov

*You **must** also send a **signed** copy of your Request for Formal Complaint Investigation to the special education director or superintendent of the school district that allegedly committed the violation.*

Accessibility needs of the parent or student with a disability to participate in the investigation.

Translation Needs (Please specify): _____

Interpreter Needs (Please specify): _____

Accessibility Needs (Please specify): _____