



Filing a Special Education Complaint

www.doe.in.gov/specialed/complaints

INSTRUCTIONS: Form may be completed electronically, but must be printed and must include a hand written signature. Please mail or fax a copy to the Office of Special Education, and to the School Corporation or Charter School serving the student.

COMPLAINANT INFORMATION

Name:	<input type="text"/>	Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Home Number:	<input type="text"/>	Work Number:	<input type="text"/>		
Cell Number:	<input type="text"/>	email:	<input type="text"/>		

STUDENT INFORMATION (If Applicable)

Name of Student:	<input type="text"/>	Gender:	<input type="text"/>	Date of Birth(M/D/Y):	<input type="text"/>	Age:	<input type="text"/>
Address of Student (or contact information if Student is homeless):	<input type="text"/>				Grade:	<input type="text"/>	
Name of Parent/Guardian (if other than person filing complaint):	<input type="text"/>						

SCHOOL INFORMATION

Name of School Student attends:	<input type="text"/>
Name of School Corporation or Charter School:	<input type="text"/>

STATEMENT OF VIOLATION

Did the alleged violation(s) occur within the last year? If yes, please provide specific dates:	<input type="text"/>
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Please explain how you believe the school has violated federal or state special education law. You are not required to specify which special education law has been violated, but you must explain why you believe the school has not complied with the law. Example: "The teacher is not following my child's IEP." (Attach additional pages as necessary.) **You may attach any documents that you believe support your allegations.**

FACTS RELATED TO THE ABOVE ALLEGATION

Describe why you believe the school has violated the special education law. Include all important facts in this description. Example: "On October 13th, my child was not allowed extra time on his history exam." (Attach additional pages as necessary.)

PROPOSED RESOLUTION

Briefly explain how you would like the problem to be resolved. (Attach additional pages as necessary.)

Printed name

Signature

Date

Note: Form may be completed electronically, but must be printed and must include a hand written signature. You may also attach any documents that you believe support your allegations. A letter of complaint received without written signature will NOT be processed. Mail or fax the completed form (including hand written signature) to: Fax number - 317/232-0589; Address - Indiana Department of Education, Office of Special Education, IGC North, 9th Floor, 100 N Senate Ave, Indianapolis, IN 46204. And mail or fax a copy to the School Corporation or Charter School serving the student.