

CONNECTICUT STATE DEPARTMENT OF EDUCATION
BUREAU OF SPECIAL EDUCATION

State Complaint Form

Any parent of a child with a disability, another individual, or agency or organization that believes a public education agency responsible for providing educational services to the child is not following state or federal laws or regulations related to the Individuals with Disabilities Education Act may file a formal complaint with the Connecticut State Department of Education.

- A copy of the complaint must also be sent to the responsible public education agency.
- The complaint must allege a violation of special education laws and regulations that occurred not more than one year before the date the complaint is submitted.

The complaint must be in writing, signed, and sent to CSDE Bureau of Special Education. The complaint may be mailed, sent by facsimile (or fax), or emailed to the address at the end of this form. Any document submitted by either the public education agency or parents will be available to the other party, upon request. **NOTE: Federal regulations provide that the public education agency has the discretion of offering a proposal to resolve the concerns presented in a complaint or offering to participate in voluntary mediation with the complainant. If the parties agree to mediate any of the concerns presented, a mediator will be provided by the CSDE at no expense to the parties.**

Your request for a State complaint investigation must include the following information:

1. The name, address, phone number and email of the person filing the State complaint.

Name _____

Address _____

City/State/Zip _____

Telephone _____ Email _____

2. The name of the school the child is attending. The school's address is optional, but helpful in identifying responsible parties.

Name of School _____

School Address _____
(optional)

City/State/Zip _____
(optional)

3. If the alleged violations concern a specific child, the name and home address of the involved child.

Name of Child _____ Disability _____
(optional)

Address _____ Date of Birth _____
(optional)

City/State/Zip _____

4. State each of your concerns that are violations of state or federal special education law. You must include the facts that provide the basis of each concern. Such facts must include when and where the concern arose and who, or what circumstances, caused the concern. Also state, to the extent known, what you believe the public education agency should do to resolve each of your concerns. (Attach additional pages if needed.)

What is Concern #1?

What are the facts?

What do you believe should be done to resolve this concern?

What is Concern #2?

What are the facts?

What do you believe should be done to resolve this concern?

If you have additional concerns, please use additional pages and state: (a) each concern; (b) the facts that support each concern and (c) what you believe should be done to resolve the concern.

Signature

Date

The State complaint must be signed and mailed, faxed or emailed to:

**CONNECTICUT STATE DEPARTMENT OF EDUCATION
BUREAU OF SPECIAL EDUCATION, DUE PROCESS UNIT**

450 Columbus Blvd., Suite 604

P.O. Box 2219

Hartford, CT 06145-2219

860-713-6928; FAX 860-713-7153

dueprocess.sde@ct.gov