Delaware Department of Education Exceptional Children Resources John G. Townsend Building 401 Federal Street, Suite 2 Dover, DE 19901 Phone: (302) 735-4210

Fax: (302) 739-2388 http://www.doe.k12.de.us

SPECIAL EDUCATION STATE COMPLAINT FORM

The Delaware Department of Education provides this State Complaint form in accordance with the Individuals With Disabilities Education Act ("IDEA"), and federal and state regulations. Persons or organizations who wish to file a State Complaint may, but are not required to use this form. Note, all information requested by this form must be provided to the Department before an investigation can proceed. You may use additional sheets as needed and attach relevant documents to support your allegations. For additional information on filing a State Complaint, please see the Department's Special Education State Complaint Procedures on the Department's website at: www.doe.k12.de.us or contact (302) 735-4210. You may also refer to the Department's regulations concerning State Complaints found at 14 DE Admin Code §§ 923.51.0 through 53.0 and federal regulations at 34 C.F.R. §§ 300.151 through 153.

(2)	Name of Person or Organization Filing the Complaint:		
	Address:		
	Telephone Numbers:		
	Email:		
	Relationship to Student (check one)		
	Student Information, if Alleging a Violation with Respect to a Specific Student:		
	Student's Name:		
	Address:		
	School the Student is Attending:		
	(Note: In the case of a homeless child or youth, please provide any available contact information for the child).		

Provide A Description of the Problem Involving the Student, Including the Related Facts:

Provide A Proposed Resolution of the Problem (to the Extent Known and Available to You):
Provide A Description of the Attempts Made to Resolve the Problem(s) Prior to Filing the Complaint:
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of Part B of the IDEA or the Departm	ct, Charter School, or Other Public Agency Violated a Requirement ent's special education regulations, and the Facts Upon Which the e Frame the Incident(s) Occurred.
(Note, the alleged violation(s) must not have Complaint)	occurred more than one year prior to the date the Department receives the
Signature of Person or Organization F	ling the Complaint:
(Sign here)	(Date)
	of Part B of the IDEA or the Department Statement is Based, including the Time (Note, the alleged violation(s) must not have a Complaint) Signature of Person or Organization Figure 1.

TO FILE YOUR STATE COMPLAINT, SEND IT TO:

Mary Ann Mieczkowski, Director Exceptional Children Resources Delaware Department of Education John G. Townsend Building 401 Federal Street, Suite 2 Dover, Delaware 19901

Important Note:

You must also send a copy of the Complaint to the school district, charter school, or other public agency serving the student at the same time you file the Complaint with the Department of Education.

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