State Complaint

Under the Individuals with Disabilities Education Act (IDEA) Use of this form is not required.

Zip

An organization or individual may file a signed written complaint with the Colorado Department of Education which must include the following information: Date: This complaint is filed by (check one): If this complaint is filed on behalf of a specific child, please indicate the information below: ☐ Parent of the child. ☐ Other, please explain: _____ Child's name Name Child's address Address Citv City School the student attends home # work # cell# Filing Instructions: This complaint and all attachments must be mailed or delivered to: State Complaints Officer, Exceptional Student Services Unit Colorado Department of Education (CDE) 1560 Broadway, Suite 1100, Denver, CO 80202 NOTE: CDE does not accept faxed or electronically filed (e-mail) complaints. This complaint and all attachments must be also be filed with the Director of Special Education for the School District, BOCES or State Operated Program. If you are unsure of the Special Education Director, please call the Colorado Department of Education at 303-866-6694. **Director of Special Education** School District, BOCES, or State Operated Program Address

City

| | Check this box if there is an allegation about the use of restraint or seclusion and <u>include</u> <u>information about the use of restraint or seclusion for all of the remaining sections of this form</u> . |
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| Statement of Alleged Violation. Please describe a) the violation, b) the date the violation began and c) identify the portion of the statute, law, rule, or regulation violated, if known (attach additional pages if necessary): | |
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| addi | se describe the background information and all the facts relating to the alleged violation (attach tional pages if necessary): (Please attach all supporting documentation – e.g., current IEPs, written ents, correspondence with school or district staff, etc.) |
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| Pleas | se describe how this problem could be resolved (attach additional pages if necessary): |
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| | ify that on the same date, a complete copy of this state complaint and all attachments was also mailed or -delivered to the Special Education Director indicated on page one of this form. |
| Print | Name |
| Signa | ature Date |
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