

Instructions for How to Complete a Formal State Complaint

Tips for how to complete this form are underlined in each section. Use this sheet as a GUIDE ONLY. Complete your complaint on a separate form that does not have instructions.

Mississippi Department of Education
Office of Special Education

FORMAL STATE COMPLAINT UNDER PART B OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT 2004 AMENDMENTS

A complaint process can be used when you believe a district **violated a requirement** of Part B of the Individuals with Disabilities Education Act (IDEA) or State Policies Regarding Children with Disabilities (State Board Policy 7219).

**Please fill out the front and back of this form as completely as possible.
(Use additional sheets of paper if more space is needed).**

Student's Name	_____	Student's Age or Date of Birth	_____
Student's Address	_____	Date Completed	_____
School District/Agency	_____		

Detailed summary of the situation: (Dates and facts are important.)

Advocacy Tip 1: Write down everything you know about what the school is doing wrong and include dates. These are the "facts."

Advocacy Tip 2: Write down the "evidence" or proof that you are sending with your complaint. Prove your point. Help the investigator gather evidence so it is easy to agree with you.

What regulation(s) do you believe the school district/agency has violated?

Advocacy Tip 3: Write down what the school is doing wrong. These are the IDEA "violations."
Example: The school district is denying my child a FAPE (Free Appropriate Public Education) by evidence of: The Behavioral Intervention Plan is inappropriate and inadequate and does not meet the needs of my child. You can use "Twelve Most Common Reasons for Filing Complaints" as a Guide

Please indicate your efforts to work out the situation:

YES NO

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I have talked with school district personnel about this issue. If yes, whom? when?

YES NO I have met with school district personnel about this issue. If yes, whom? when?

YES NO I have attended an IEP meeting in order to discuss this situation. If yes, when?

Proposed resolution of the problem(s) to the extent known and available at this time:

Advocacy Tip 4: Write what you want the complaint investigator to do to make the school stop doing what it is doing wrong. This is the "resolution."

YES NO This alleged violation occurred not more than one (1) year prior to the date the complaint was filed with the Mississippi Department of Education.

If the alleged violation occurred more than one (1) year prior to the date that the complaint was received by the Mississippi Department of Education:

I believe a longer period of time is reasonable because I believe the violation is continuing.

Person Filing Complaint _____ **Relationship to Student** _____
Are you the student's legal guardian? YES NO

Signature of Person Filing Complaint **Address**

Name of Organization, if Applicable **Telephone Number**

Email Address

Mail or hand-deliver original completed complaint form to: Parent Consultant
Mississippi Department of Education
Office of Special Education
Post Office Box 771, Suite 331
Jackson, MS 39205-0771

This is a model form. The above information is required; however you may use other forms of documentation in conveying your request to the Office of Special Education.

Send a copy of the complaint to the school district/agency serving the student at the same time you file the complaint with the Mississippi Department of Education.

**For homeless children, provide all available contact information and the name of the school the child is attending.*