

Michigan Department of Education

PURPOSE: This form may be used to submit a complaint alleging that a school district/agency has violated state/federal special education rules or laws. This form is provided to you as a model for your use. You are not required to use this form. However, failure to address the elements required in IDEA may result in a delay in the resolution of your complaint

The Office of Special Education and Early Intervention Services (OSE/EIS) encourages the school district/agency and the complainant to resolve issues through mediation or dispute resolution prior to a formal complaint being filed. These services are offered at no cost to the complainant or the school district/agency. For information about mediation/dispute resolution contact the Michigan Special Education Mediation Program at 1-800-RESOLVE or www.cenmi.org/msemp.

Special Education Complaint Form

School District/Agency you believe has violated state/federal special education rules or laws:

STUDENT INFORMATION:

Student Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

School District/Agency of Residence: _____

Address: _____

City/State/Zip: _____

Phone: _____

FAX: _____

e-mail: _____

Name of School District/Agency the Student is Attending (if different from School District/Agency of Residence):

Address: _____

City/State/Zip: _____

Phone: _____

FAX: _____

e-mail: _____

Parent/Guardian Name: _____

Address (if different from student address): _____

City/State/Zip: _____

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Phone: _____

FAX: _____

e-mail: _____

For a student who is homeless, please provide a contact name and address if different from information provided above: _____

ALLEGATION/STATEMENT OF THE VIOLATION: Explain how the school/school district/agency has violated state/federal special education rules or laws

(Use additional pages if necessary)

PROVIDE FACTS UPON WHICH THE ALLEGATION IS BASED: Include names and dates if known or available.

(Use additional pages if necessary)

I BELIEVE AN APPROPRIATE RESOLUTION TO THIS MATTER IS:

(Use additional pages if necessary)

Signature of Complainant (the person filing the complaint):

Please print name here: _____

Date: _____

Address: _____

City/State/Zip: _____

Phone: _____

Additional Phone: _____

FAX: _____

e-mail: _____

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The OSE/EIS is only authorized to investigate allegations regarding special education issues. Allegations of professional misconduct should be directed to a school administrator. Allegations of abuse should be directed to a school administrator, the Michigan Department of Human Services, or a local law enforcement agency. Information regarding allegations relating to disability discrimination is available at <http://www.ed.gov/print/about/offices/list/ocr/docs/howto.html>. Specific allegations relating to disability discrimination should be directed to:

*Office for Civil Rights, Cleveland Office
U.S. Department of Education
600 Superior Avenue East, Suite 750
Cleveland, OH 44114-2611
216-522-4970
FAX 216-522-2573*

Please mail or FAX this form to either:

Your Intermediate School District

OR

Supervisor, Policy and Compliance Unit
Michigan Department of Education
Office of Special Education and Early Intervention Services
608 West Allegan Street
P.O. Box 30008
Lansing, Michigan 48909
FAX: (517) 373-7504