



# State Administrative Complaint

## Special Education

An individual or organization may file a signed written complaint. Please submit any request for a state complaint investigation to the Dispute Resolution Coordinator for the State Department of Education (SDE). The alleged violations may not be older than one year (365 days) from the date the complaint is received by the SDE.

You may either use this form or submit a letter that includes the required information below, including your signature and confirmation that a copy of your complaint has been provided to the school district. If you need assistance filing a complaint, please contact our office at (208) 332-6314. *\*Asterisked items are optional and not required.*

**NOTE: It is necessary for you to provide a copy of the complaint to the school district named below.**

Date: \_\_\_\_\_

### GENERAL INFORMATION

Name of Individual Filing the Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Preferred Method of Contact:       Email       Phone

\*Relationship to Student: \_\_\_\_\_

### STUDENT INFORMATION

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

\*Student's Grade: \_\_\_\_\_ \*Student's Age: \_\_\_\_\_

School District: \_\_\_\_\_ School Student Attends: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_  Check Here If Same As Complainant

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



