



Wisconsin Department of Public Instruction

**IDEA STATE COMPLAINT FORM**

PI-2117 (Rev. 0713)

*Required by IDEA2004, 34 CFR 300.151-153, 300.509.  
Use of this form is voluntary.*

**INSTRUCTIONS:** Submit a copy to your school district or other public educational agency. Submit signed original to:

**CAROLYN STANFORD TAYLOR  
WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION  
P. O. BOX 7841  
MADISON, WI. 53707-7841**

This form has been developed to assist parents in filing an IDEA state complaint. Provide all information requested. Failure to provide all information may delay the complaint investigation. You will be contacted by the department regarding your complaint.

<b>FOR DPI USE</b>	Case No. Assigned	Due Date	Date Received
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**I. GENERAL INFORMATION**

Name of Complainant	Relationship to the Child	Complainant's Email	
Address <i>Street, City, State, ZIP</i>			Daytime Telephone <i>Area/No.</i>
Name of Child	Child's Date of Birth <i>Mo./Day/Yr.</i>	*Address of the Child's Residence <i>Street, City, State, Zip</i>	
School District of the Child's Residence		Name of School Child is Attending	

Describe the nature of the problem the child is experiencing relating to the action proposed, including facts relating to the problem. State how the school district (or other public educational agency) violated state or federal special education law. Include the date when the violation occurred. Provide the facts which support the statement above. Use additional sheets or back if necessary.

A proposed resolution of the problem (to the extent known and available at this time). Use additional sheets or back if necessary.

**II. SIGNATURE**

Signature of Complainant <i>Required</i>	Date Signed <i>Mo./Day/Yr.</i>
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\*For Homeless children, provide contact information [34 CFR 300.153(b)(4)(iii)]