

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.)

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

Mississippi Department of Education
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Please indicate your efforts to work out the situation:

YES NO 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:

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 _____

Are you the student's legal guardian?

Relationship to Student _____

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 form 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.**