

**NEW JERSEY DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS
COMPLAINT FORM**

*Date: _____

To: **Peggy McDonald, Director
Office of Special Education (OSE)
NJ Department of Education
P.O. Box 500
Trenton, NJ 08625-0500**

*Relationship to Student(s): (Check One)

Parent/Guardian Attorney Advocate Other: _____

Name: _____

Address: _____

(In the case of a homeless child please provide available contact information)

Phone: (____) ____ - ____ Fax: (____) ____ - ____ Email address: _____

Provide the name of the student or specify the group of students affected by the alleged violation(s):

School where the alleged violation(s) occurred: _____

*District: _____ *County: _____

*1. Please check which statement applies:

I am currently involved in, or have recently requested, a due process hearing. I have enclosed a copy of the request.

I am considering filing for a due process hearing. I will send a copy of the request.

I am not planning on filing for a due process hearing.

Note: Any issues contained in a request for a complaint investigation that are also the subject of a due process hearing will be set aside until the conclusion of the hearing. If the Administrative Law Judge makes a ruling on the issue(s), that ruling is binding.

* Items marked with an asterisk are not required; however, providing the requested information will assist in expediting your request.

*2. Briefly state the specific violation(s) of **special education law or regulation** that you believe occurred. If you choose to attach additional information or documentation, **you must nevertheless summarize the alleged violations**, as you see them.

3. Specify the period of time or dates when the alleged violation(s) occurred. _____

Note: The complainant must allege a violation that occurred not more than one year prior to the date that the complaint is received.

*4. Is/Are the alleged violation(s) continuing at present? _____ Yes _____ No

5. **State the relevant facts**, including any claim that the district has failed to provide services required by the IEP of a student with disabilities. If you are claiming that the district has failed to implement the IEP, *please include a copy of the entire IEP*. (Attach additional pages, if necessary. If you have other written documentation from the school that you believe would assist in verifying the violation, please submit them with this request).

6. Please describe how the issue(s) could be resolved. Attach additional pages as necessary.

*7. Please list the district personnel you have already talked with to resolve this complaint, along with their response(s) to your request.

Complainants are required to forward a copy of the complaint to the Chief School Administrator of the district/education agency against which the complaint is directed at the same time the complaint is filed with the Department of Education.

Check below to verify whether:

____ A copy of the complaint request, along with attachments, was mailed to: _____ (name) on _____ (date);

or

____ A copy of the complaint request, along with attachments, was hand-delivered to: _____ (name) on _____ (date).

Pursuant to N.J.A.C. 6A:14-9.2(b), please note that a complaint cannot be processed until the OSE is notified that a copy was provided to the appropriate education agency.

Signature: _____
(Person(s) Submitting Request)