ILLINOIS STATE BOARD OF EDUCATION

Special Education Services Division - Springfield 100 North First Street Springfield, IL 62777-0001 217/782-5589; 217/782-0372 (fax) http://www.isbe.net/

REQUEST FOR STATE COMPLAINT INVESTIGATION (This form is <u>not</u> the form to use to file for a due process hearing)

Per federal regulations at 34 CFR 300.509, this form has been developed to assist parents and other parties in filing a State complaint. The use of this form is recommended, but not required. The completed form should be sent to the address, listed below, at the Illinois State Board of Education (ISBE). A copy of the form must also be forwarded to the child's local school district or to the public agency that is serving the child.

For more information about the complaint investigation process, or for assistance in completing this form, please contact our agency at 217-782-5589, or use our agency's toll-free number at 866-262-6663. More information about the complaint investigation process can also be found at http://www.isbe.net/spec-ed/html/complaint investigation.htm.

SECTION 1

*You must also send a copy of this complaint

to your local school district superintendent.

To:

Complaint Coordinator

100 N. First Street

Special Education Services Division

Illinois State Board of Education

| Springfield, IL 62777-0001 | Name of School District | | |
|--|----------------------------------|--|--|
| Date Sent: | Date Sent: | | |
| SECTION 2 | | | |
| COMPLAINANT INFORMATION (Please Print or Type) | | | |
| Name:F | Phone Number: | | |
| Address: | | | |
| Email Address (Optional): | | | |
| Relationship to Student:Parent/Guardian | _AdvocateAttorneyOther (Explain) | | |
| Consent is Attached (see note below):Yes _ | NoNA | | |

Note: Complaints regarding a specific child lodged by an individual other than the parent/guardian must be accompanied by a letter of consent from the parent/guardian in order for ISBE to share information with the complainant regarding the results of the complaint investigation. Likewise, if an individual files a complaint on behalf of a student who is eighteen (18) years of age or older, it must be accompanied by a letter of consent from the student in order for ISBE to share information with the complainant regarding the results of the complaint investigation.

SECTION 3

| STUDENT INFORMATION (Please Print or Type) | | | |
|---|--|--|--|
| Name | me: Phone Number: | | |
| Addre | SS: | | |
| SIS ID | O (if known) Gender: Race/Ethnicity: | | |
| Birthda | ate: Grade: Eligibility Category: | | |
| Is the Child Currently Enrolled in School?YesNo | | | |
| Name | of School District: Name of School: | | |
| | | | |
| SECTION 4 | | | |
| COMPLAINT INFORMATION | | | |
| Your complaint must allege a violation of a special education law, rule, or regulation contained in the Individuals with Disabilities Education Act (IDEA) or its implementing regulations, Article 14 of the Illinois School Code, or Title 23 of the Illinois Administrative Code. The violation that is alleged must have occurred not more than one year prior to the date the complaint is received by ISBE, and can involve an individual student or group of students. | | | |
| A. | Date of alleged violation: | | |
| B. | B. <u>Description of the Alleged Violation(s) and Supporting Facts (Attach additional pages if necessary)</u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| C. | Description of the Resolution or Action you are Seeking (Attach additional pages if necessary) | | |
| | Note: The proposed resolution will be taken into consideration. However, the final resolution of the complaint will be determined by the Illinois State Board of Education. | | |

| D. | D. Please list school officials you have contacted regarding these issues: | | | |
|-----|--|----------------------------------|--|--|
| | Name | | | |
| | Name | Title | | |
| | Name | Title | | |
| | Name | | | |
| | | | | |
| Sig | gnature of Person Filing Complaint (Required) | Date | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | CHECKLIST | | | |
| | (Before mailing your request, please make sure that the it | tems below have been completed.) | | |
| | You have provided a copy of your complaint to the school district (Section 1). | | | |
| | You have provided your name, address, and contact information where you can be reached (Section 2). | | | |
| | You have provided the student's name, contact information, and name of the school district an school the student attends (Section 3). | | | |
| | You have mailed your complaint to ensure that ISBE receives the complaint no later than ONE YEAF from the occurrence of the alleged violation (Section 4). | | | |
| | | | | |
| | You have provided a proposed solution to the problem (Sect | ion 4). | | |
| | You have signed the complaint (Section 4). | | | |