Office for Exceptional Children
Attn: Assistant Director of Procedural Safeguards
25 South Front Street, 2nd Floor, MS 202
Columbus, OH 43215

COMPLAINT FORM

Complainant Name: _____

Complainant Relationship to Student: _____

Complainant Address: _____

City, State and Zip Code: _____

Complainant Phone Numbers:

Work: _____

Home: _____

Email Address (Optional): _____

Student's Name: _____

Student's Address (if address is different from complainant's address):

_____

Student's Age: _____ Student's Grade Level: _____

Student's Area of Identified/Suspected Disability: _____

Student's School District Of Residence: _____

Name Of The School The Student Is Attending: _____

_____ Please check if your child participates in the Autism Scholarship Program

A description of the problem including facts relating to the problem:

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Date of violation: _____

*****As per 34 C.F.R. §300.153(c) [Filing a complaint], the date of the alleged violation **cannot** be more than one year prior to the date that you are filing this complaint.

A proposed resolution to the problem:

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*The proposed resolution will be taken into consideration; however, the final resolution of the complaint will be determined by the Ohio Department of Education Office for Exceptional Children.

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List the school officials you have made contact with regarding these issues (include name and title):

_____

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COMPLAINANT'S SIGNATURE: _____

As per 34 C.F.R. §300.153, this form must be signed or it cannot be processed and will be returned to you for signature.

- The Office for Exceptional Children only accepts formal complaints with an **original signature**. Complaints which are faxed or sent via email will not be accepted.
- As per 34 C.F.R. §300.153 (c), a copy of the complaint must be sent by the complainant to the district against whom the complaint is filed.

☐ **Please check the box if you have sent a copy of this complaint to the superintendent of the school district against whom the complaint is being filed (Please note this is required).**

At the conclusion of the OEC's review, findings are issued only to the parent, or student who has reached the age of majority, and the district, unless the complainant has obtained and filed the necessary consent for release of the information. If the complaint does not have the necessary consent for release of information, the complainant receives a letter of assurance that any identified areas of noncompliance have been addressed.

Note: The use of this form is not required. Instead of using this form, you may submit your own complaint but your request must include all information required by federal regulation 34 C.F.R. §300.153.

Please mail all complaints to the following address:

Ohio Department of Education
Office for Exceptional Children
Attn: Assistant Director of Procedural Safeguards
25 South Front Street, 2nd Floor, MS 202
Columbus, OH 43215

If you have questions regarding the completion of this form or the complaint process, contact the Office for Exceptional Children at (614) 466-2650.

Effective Date: August 2009