**Gifted Education Complaint Form**

## Office for Exceptional Children

**Attn: Gifted Services**

**Complainant Information**

|  |  |
| --- | --- |
| **Complainant Name:** |  |
| **Position:**  *(Parent, Gifted Intervention Specialist, etc.)* |  |
| **Address:** |  |
| **City, State, and Zip Code:** |  |
| **Phone Number (Work):** |  |
| **Phone Number (Home):** |  |
| **Phone Number (Cell):** |  |
| **Email Address:** |  |

***Please Note:*** *The school district will receive a copy of this complaint.*

Complaint Information

|  |  |
| --- | --- |
| Student’s Name (if applicable): |  |
| School district(s) alleged to be noncompliant: |  |
| Building(s) alleged to be noncompliant: |  |
| List the name(s) and title(s) of school officials you have made contact with in an effort to resolve these issues: |  |

***I verify that the information and allegations contained within this complaint are true and accurate, to the best of my knowledge.***

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Complaint Submission

Please submit this form to the Ohio Department of Education, Office for Exceptional Children, by any one of the following means:

1. Email to: [gifted@education.ohio.gov](mailto:gifted@education.ohio.gov)
2. Fax to: (614) 728-1097, “Attn: Gifted Services”
3. Mail to: The Ohio Department of Education

Office for Exceptional Children

Attn: Gifted Services

25 South Front Street

4th Floor, Mail Stop 409

Columbus, OH 43125

**On the following page(s), please describe the complaint issue(s). Use as much space as needed.**

| Gifted Education Complaint issue #1 |
| --- |
| **Date(s) of violation:** |
| **Description of the issue, including facts your complaint is based on:** |
|  |
| **Optional:** What could the district offer as a proposed resolution to the problem?  (The Office for Exceptional Children will determine the final resolution and may consider the proposed resolution.) |
|  |

| Gifted Education Complaint issue #2 |
| --- |
| **Date(s) of violation:** |
| **Description of the issue, including facts your complaint is based on:** |
|  |
| **Optional:** What could the district offer as a proposed resolution to the problem?  (The Office for Exceptional Children will determine the final resolution and may consider the proposed resolution.) |
|  |

| Gifted Education Complaint issue #3 |
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| **Date(s) of violation:** |
| **Description of the issue, including facts your complaint is based on:** |
|  |
| **Optional:** What could the district offer as a proposed resolution to the problem?  (The Office for Exceptional Children will determine the final resolution and may consider the proposed resolution.) |
|  |

| Gifted Education Complaint issue #4 |
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| **Date(s) of violation:** |
| **Description of the issue, including facts your complaint is based on:** |
|  |
| **Optional:** What could the district offer as a proposed resolution to the problem?  (The Office for Exceptional Children will determine the final resolution and may consider the proposed resolution.) |
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