

Gifted Education Complaint Form

DEPARTMENT OF EDUCATION AND WORKFORCE

Attn: Gifted Services

Complainant Information

Complainant Name:	
Position: <i>(Parent, Gifted Intervention Specialist, etc.)</i>	
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.

Complainant 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 and Workforce by email:
gifted@education.ohio.gov

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 Department 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 Department will determine the final resolution and may consider the proposed resolution.)

Gifted Education Complaint Issue #3

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 Department will determine the final resolution and may consider the proposed resolution.)

Gifted Education Complaint Issue #4

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 Department will determine the final resolution and may consider the proposed resolution.)

