

Special Education Complaint Form

A special education complaint is a formal request to the Ohio Department of Education and Workforce to investigate potential violations of the Individuals with Disabilities Education Act (IDEA) and Ohio's Operating Standards for the Education of Children with Disabilities.

The Office for Exceptional Children (OEC) does not investigate issues about general education students who do not have a suspected disability. **Additionally, the OEC does not have the ability to investigate the following:**

Issues	Resources
Issues more than a year old from the date the complaint is filed with OEC ¹	<p><i>Disability Rights Ohio</i></p> <ul style="list-style-type: none"> • Phone: 800-282-9181 • Email: www.disabilityrightsohio.org <p><i>Ohio Coalition for the Education of Children with Disabilities</i></p> <ul style="list-style-type: none"> • Phone: 740-382-5452 • Email: www.ocecd.org
Items specific to 504 Plans	<p><i>Office for Civil Rights:</i></p> <ul style="list-style-type: none"> • Phone: 800-421-3481 • Email: OCR@ed.gov <p>Online: Civil Rights Complaint Form</p>
<p>Items about:</p> <ul style="list-style-type: none"> • Retaliation • Racism • Harassment • Discrimination 	<p><i>Office for Civil Rights:</i></p> <ul style="list-style-type: none"> • Phone: 800-421-3481 • Email: OCR@ed.gov <p>Online: Civil Rights Complaint Form</p>
<ul style="list-style-type: none"> • IEP implementation at private (nonpublic) schools, including any school involved with one of Ohio's Scholarship Programs 	<p><i>Non-Public Schools</i></p> <ul style="list-style-type: none"> • Email: chartered.nonpublic.schools@education.ohio.gov
Bullying incidents	<ul style="list-style-type: none"> • Email: Whole.Child@education.ohio.gov • Phone: 614-466-9540
Professional Conduct ²	<p><i>State Board of Education's Office of Professional Conduct:</i></p> <ul style="list-style-type: none"> • Phone: (614) 466-5638 or (877) 644-6338 • Email: Educator.conduct@sboe.ohio.gov • Online Citizen Reporting Form
Allegations of child abuse, neglect or law enforcement issues	<ul style="list-style-type: none"> • <i>Ohio Department of Job and Family Services</i> –Phone: 855-O-H-CHILD (855-642-4453)

¹ 34 C.F.R. 300.153(c)

² Investigates allegations of misconduct by any person who holds, or has applied for, an educator credential issued by the State Board

For help filing a complaint, please contact:

1. Disability Rights Ohio (DRO)
Phone: (614) 466-7264 or (800) 282-9181
Deaf or hard of hearing callers, please use Ohio Relay Service at (800) 750-0750
Online: disabilityrightsohio.org
2. The Ohio Coalition for the Education of Children with Disabilities (OCECD)
Phone: (740) 382-5452 ext. 20 or (844) 382-5452
Online: ocecd.org

The use of this model form is not required; however, a complaint must contain the following information to be considered sufficient:

1. Name, address, phone number and email address of the person filing the complaint.
2. If the special education problems/concerns are related to a specific student, name and address of the child involved and name of school district and school the child attends.
3. One or more allegations (special education problems/concerns) school. The problems/concerns must have occurred not more than one year prior to the date the complaint is received by the Department.
4. The complaint must include the following information:
 - a. Facts and a description of the events that support each problem/concern;
 - b. Proposed resolution of the problem;
 - c. A statement the complaint, including attachments, was given to the school district and how it was submitted (emailed, hand-delivered, mailed); and
 - d. Signature of the person filing the complaint.

Complaint Process³:

1. The complaint is submitted to OEC, Dispute Resolution section.
2. The OEC sends a letter acknowledging receipt of the complaint to the filing party and district.
3. If OEC determines that the complaint does not meet the requirements under the law, OEC will send a letter explaining why the complaint is insufficient to the filing party and the district.
4. The complaint investigator may contact the parties to discuss the complaint and the complaint process.
5. A letter of Allegations is sent to the filing party and the district linking alleged violations to citations of law.
6. The district may provide a response or acknowledge the complaint or offer a proposed resolution.
7. The investigator conducts a review of the provided documentation.
8. The filing party may withdraw their complaint at any point prior to the issuance of the Letter of Findings.
9. A Letter of Findings is developed which restates the issue from the letter of allegations, outlines the facts for each issue and explains the determination of the district's compliance or non-compliance.
10. If noncompliance is found the district may be required to complete corrective action in accordance with the timelines identified in the Letter of Findings.

³ Some items in this process may occur in a different order.



Department of Education & Workforce

Special Education Complaint Form

Office for Exceptional Children
Attn: Assistant Director of Dispute Resolution
25 South Front Street, 4th Floor, MS 409
Columbus, OH 43215

OECComplaints@education.ohio.gov

Note: *This is not the form to use to file for a due process hearing.*****

The use of this form is not required. You may submit your own complaint, but your request must include all the required information below.¹

Student's name(s): _____

Address: _____

Is the student currently in school? Yes No Is the student open enrolled? Yes No

School District of Residence (DoR): _____

District of Service (if placed or open enrolled): _____

School building: _____

OR

Community/Charter School (If Applicable): _____

Grade level: _____ Date of birth: _____

If the student is older than 18 years of age, are you the guardian? Yes No

Area of identified/suspected disability: _____

Please check here if the student participates in the Autism Scholarship Program or the Jon Peterson Special Needs Scholarship.

Filing Party Name(s): _____

Relationship to student(s) (Check below):

Parent Attorney Advocate Other: _____ ^Á

Address: _____

City, State and Zip Code: _____

¹Per Federal Regulation 34 C.F.R. §300.153 [Filing a complaint]

Phone number: _____

Phone number (Alternate): _____

Email: _____

My preferred method of contact is **Phone** **Email**

Best time during normal business hours to call: _____

SECTION 2

Mediation (Optional)

Mediation is available to parents at no cost and can be entered into with the agreement of the district or community school. Mediation may proceed at the same time as the complaint investigation.

I would like more information about mediation.

I would like mediation and authorize the district or community school and the Ohio Department of Education and Workforce to share educational information with the mediator about my child’s identity, educational needs and information pertinent to the mediation. The mediator will keep this information confidential.

SECTION 3

Complaint Information

What date did the violation(s) occur?² _____

If the violation occurred more than one year ago, here are alternative resources to consider:

- Facilitation: [Facilitation Information](#)
- Mediation: [Mediation Information](#)
- Due Process: [Due Process Information](#)

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

²As 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 a complaint.

Provide a description of the problem, including facts relating to the problem.

Check here if you have included any additional documentation. Include as written or typed addendum.

Describe your attempts to resolve current concern(s):

Provide a proposed resolution to the problem:*

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

I understand I will be contacted by the Office for Exceptional Children to:

- Advise me of my rights to alternative resolution activities such as early resolution or mediation;
- Clarify and review my complaint facts; and
- Request submission of additional information or documentation to support my statements (if needed).

SECTION 5

COMPLAINANT'S SIGNATURE: _____ **Date:** _____

As per 34 C.F.R. §300.153 [Filing a complaint], this form must be signed or it cannot be processed.

Please check the box that you have sent a copy of this complaint to the superintendent of the school district or community school against that the complaint is being filed against. (Note: This is required.)³

Email **signed complaints to the following address:**

OECComplaints@education.ohio.gov

Mail **signed complaints to the following address:**

Ohio Department of Education and Workforce
Office for Exceptional Children
Attn: Assistant Director of Dispute Resolution
25 South Front Street, 4th Floor, MS 409
Columbus, OH 43215

If you have questions regarding the completion of this form, the complaint process please email OECComplaints@education.ohio.gov or contact the Office for Exceptional Children at (877) 644-6338.

³ As per 34 C.F.R. §300.153 (d) [Filing a complaint-Copy of the complaint to the LEA]