



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

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

Note: 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

SECTION 1

Complainant Information (Please print or type.)

Name(s): _____

Relationship to student(s) (Check below):

Parent Attorney Advocate Other: _____

Address: _____

City, State and Zip Code: _____

Phone number (Home): _____

Phone number (Work): _____

Phone number (Cell): _____

Email: _____

My preferred method of contact is:

By phone (Please note which of the above numbers): _____

 Best time during normal business hours to call: _____

By email: _____

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

SECTION 2

Student(s) Information (Please print or type.)

Student's name(s): _____

Date of birth: _____

Address (If different from complainant's address): _____

Is the child currently in school? Yes No

Does the child attend school in the same district the complaint is against? _____

Is the child open enrolled? _____

School district of residence: _____

School building: _____

OR

Community/Charter School (If Applicable): _____

Grade level: _____

Area of identified/suspected disability: _____

If the child is older than 18 years of age, are you the guardian? _____

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

SECTION 3

Mediation (Optional)

Check any applicable boxes:

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 mediation and authorize the district or community school and the Ohio Department of Education 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.
- I would like more information about mediation.

SECTION 4
Complaint Information

- Please check this box if you have more than one issue.

What date did the violation 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).

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.

² 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.

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 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:** _____

NOTE: THIS MUST BE SIGNED FOR THE OHIO DEPARTMENT OF EDUCATION TO INVESTIGATE.

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

- The Office for Exceptional Children only accepts formal complaints with an **original signature**. Complaints that are faxed or sent via email are **not** accepted.

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

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

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

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

OECComplaints@education.ohio.gov

If you have questions regarding the completion of this form, the complaint process, or, you would like to schedule an appointment to drop your complaint off in person, please 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]