Model Form to Assist Parent(s)/Guardian(s) in Filing a Complaint

You may file a complaint when you believe a district or area education agency **violated a requirement** of Part B of the Individuals with Disabilities Education Act (IDEA).

Child's Information

Child's name _____ Child's date of birth _____

Address where child lives (for contact information) _____

Name of District, School, and AEA where child **lives** _____

Name of District, School, and AEA where child **attends** if different from where the child lives _____

Parent(s)'/Guardian(s)' Information

Parent(s) Guardian(s) name(s): _____
Mailing address (or contact information): _____
City: _____ State: _____ Zip: _____
Phone/Contact number: _____ E-mail (if available) _____

Is there another parent/guardian at another address with parental rights? _____Yes _____No. If **yes,** please complete the following:
Parent(s) Guardian(s) name(s): _____
Mailing address (or contact information): _____
City: _____ State: _____ Zip: _____
Phone/Contact number: _____ E-mail (if available) _____

Describe the following (use additional sheets of paper if more space is needed):

1. The nature of the problem (including a statement that the public agency violated a requirement of the Individuals with Disabilities Education Act or the Iowa Special Education Rules):

2. The facts of this case relating to the above problem:

3. Your proposed resolution of the problem:

Did the alleged violation occur less than one year prior to the date that the complaint was received by the Department of Education? _____ Yes _____ No

Organization or person filing the complaint: _____

Address: _____

City: _____ State: _____ Zip: _____

If organization, contact person's name: _____

Telephone number or other method of contact: _____

Send a completed form to EACH of the following:
which you disagree. (Addresses Available at Your School)

1. **The district that made the decisions with**
2. **The AEA special education director.**
3. **Director, Iowa Department of Education**
   Grimes State Office Building
   Des Moines, Iowa 50319-0146