

Model Form: IDEA State Complaint

**Instructions:** You may use this form if you want to file an IDEA state complaint. That process is explained on pages 15 through 16 of the *Procedural Safeguards Manual for Parents (Parental Rights in Special Education)*. After you complete this form, send copies to

- (1) the school district(s) involved,
- (2) the AEA(s) involved, and
- (3) the Iowa Department of Education, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-0146.

Fill out this form completely. Use the next page or additional sheets of paper, if necessary.

Date: \_\_\_\_\_ I am filing an IDEA state complaint. I request an investigation by the Iowa Department of Education. I allege that the public agencies violated a requirement of the Individuals with Disabilities Education Act and implementing state rules and federal regulations.

My Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 My Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail (if available): \_\_\_\_\_

**IS THIS COMPLAINT ABOUT A SPECIFIC CHILD? YES/NO IF "YES," PLEASE COMPLETE:**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
 Does the child use another name? Yes/No If so, what is it? \_\_\_\_\_  
 Child's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is the child "homeless"? Yes/No If so, provide contact information for the child. \_\_\_\_\_  
 School District Where Child Lives: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 School District Where Child Attends: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Name of School Building That Child Attends: \_\_\_\_\_

**Note:** Questions 1-3 are required if the complaint concerns a specific child. If not, questions 1-3 are recommended.

1. The nature of the problem:
2. The facts of the case relating to the problem:
3. Your proposed resolution to the problem:
4. Did this alleged violation occur not more than one year prior to the date the Iowa Department of Education received this complaint? Yes/No

Is this form completed by someone other than a parent, such as an organization? Yes/No If so, please provide your name, your contact information, and your relationship to a parent, if different from above: \_\_\_\_\_

Is there someone else not listed on this form who is the child's parent or guardian? Yes/No If so, please provide that person's name, contact information, and relationship to the child: \_\_\_\_\_