

REQUEST FOR COMPLAINT INVESTIGATION

PLEASE NOTE: A complaint may be filed through the use of this form or by a written letter sent by fax or postal mail. E-mails cannot be accepted as formal complaints because they do not meet signature requirements under 34 C.F.R. 300.153(b)(3). If upon analysis of a request, a complaint is opened, a complaint investigation will be completed within 60 days of receipt in the California Department of Education (CDE) Special Education Division Procedural Safeguards Referral Service (PSRS) of all required information.

The written complaint must specify at least one alleged violation of state and/or federal special education laws that occurred not more than one year prior to the date the complaint is received by the CDE. The party filing a complaint must forward a copy of the complaint to the LEA or public agency serving the child at the same time the party files a compliance complaint with the CDE. [34 Code of Federal Regulations (CFR) 300.153(d)]

Please return the completed form to: California Department of Education; Special Education Division; Procedural Safeguards Referral Service; 1430 N Street; Suite 2401; Sacramento, CA 95814; Phone: (800) 926-0648; FAX: (916) 327-3704

Name of School District or other Public Educational Agency that allegedly violated state and/or federal special education laws:

Complainant Contact Information:

Name _____

Address _____

City _____, CA Zip Code _____

Phone Numbers (Please note the best time to call):

(day) _____ (evening) _____

(work) _____ ext. _____ (fax) _____

Parent/Guardian Information (if different from above):

Name(s) _____

Address _____

City _____, CA Zip Code _____

Parent/Guardian Phone Numbers (if phone contact is permitted, please indicate the best time to call):

(day) _____ (evening) _____

(work) _____ ext. _____ (fax) _____

Student Information (If alleging violations with respect to a specific child):

Name _____

Date of Birth _____ Current Grade Level _____

Address Where Student Resides (If different from Parent/Guardian information):

Address _____

City _____, CA Zip Code _____

School of Attendance (required) _____

