

**Virginia Department of Education  
Division of Special Education and Student Services  
Office of Dispute Resolution and Administrative Services  
P. O. Box 2120  
Richmond, Virginia 23218-2120  
(804) 225-2013**

**STATE SPECIAL EDUCATION COMPLAINT FORM**

***PLEASE TYPE OR WRITE LEGIBLY A RESPONSE TO EACH QUESTION BELOW.  
THEN SIGN AND DATE THE FORM.***

1. Name of Person Filing Complaint<sup>1</sup>: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

Telephone Numbers: Home (    ) \_\_\_\_\_ Office (    ) \_\_\_\_\_

Relationship to student:  Parent  Citizen  Attorney  Advocate

2. Full Name of Student: \_\_\_\_\_

School: \_\_\_\_\_ School Division: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
\_\_\_\_\_

*In case of a homeless child or youth, please include any available contact information for the child.*

3. Subject(s) the Complaint Involves: (Please include the disability area involved, and give a brief summary of what you allege to be the violation(s) of the special education regulations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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<sup>1</sup> If the person filing the complaint is not the child's parent, or if the child has reached the age of majority (18 in Virginia), this complaint should include a consent for the release of information, signed by the child's parent or the child if age 18 or older, to the complainant, before any information will be shared with that individual. If authorization for release of information is not provided, then no information will be shared with the complainant subsequent to the issuance of this office's Notice of Complaint in this matter.



**NOTE: YOU MAY INCLUDE ANY DOCUMENTATION THAT SUPPORTS YOUR ALLEGATION(S) AS AN ATTACHMENT TO THIS FORM. SHOULD AUDIO RECORDINGS (CD OR CASSETTE TAPE) OR VIDEO RECORDINGS (DVD OR VIDEOTAPE) BE SUBMITTED TO SUPPORT AN ALLEGATION(S), THERE MUST BE A REFERENCE MADE, EITHER IN THE COMPLAINT DOCUMENT OR ON THE RECORDING LABEL, AS TO WHERE ON THE RECORDING THE SUPPORTING INFORMATION IS LOCATED.**

6. Provide a proposed resolution of the problem to the extent known and available.<sup>2</sup>

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**A COPY OF THIS COMPLAINT, WHICH INCLUDES THE SUPPORTING DOCUMENTATION, MUST BE SIMULTANEOUSLY FORWARDED TO THE SCHOOL DIVISION.**

7. To satisfy the sufficiency standards established by federal and state regulations for processing of a state complaint, a copy of this complaint, along with the supporting documentation, must be simultaneously submitted to the school division. Please indicate below if this requirement has been met:

\_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date

### **MEDIATION**

Mediation is offered at no cost to parents and school personnel. Mediation is encouraged and may be beneficial in your case. Please be advised, however, that mediation is a voluntary system for resolving disputes. Both parties must agree to mediate their issues prior to the initiation of the mediation process. Additional information regarding mediation is available on our office's Web site at: <http://www.doe.virginia.gov/VDOE/dueproc>. Please indicate your interest below concerning mediation as an option in resolving your complaint issues.

\_\_\_\_\_ I am interested in mediation as an option in resolving my complaint issues.

\_\_\_\_\_ I decline mediation.

\_\_\_\_\_  
<sup>2</sup> Proposed resolutions are intended in part to assist the parent and school division in reaching early resolution of the complaint. Any corrective action that may be required in connection with the complaint is within the discretion of the VDOE. Certain actions that may be suggested, such as discipline or termination of school division personnel, are not within the VDOE's authority.