



Office for Exceptional Children  
Attn: Assistant Director of Procedural Safeguards  
25 South Front Street, 2<sup>nd</sup> Floor, MS 202  
Columbus, OH 43215

## COMPLAINT FORM

Complainant Name: \_\_\_\_\_

Complainant Relationship to Student: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Complainant Phone Numbers:

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Address (if address is different from complainant's address):

\_\_\_\_\_

Student's Age: \_\_\_\_\_ Student's Grade Level: \_\_\_\_\_

Student's Area of Identified/Suspected Disability: \_\_\_\_\_

Student's School District Of Residence: \_\_\_\_\_

Name Of The School The Student Is Attending: \_\_\_\_\_

\_\_\_\_\_ Please check if your child participates in the Autism Scholarship Program

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**A proposed resolution to the problem:**

[illegible]

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This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

\*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.

[illegible]

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This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

\*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.

[illegible]

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

\*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.

[illegible]

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This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, and the page is completely blank except for the lines themselves.

\*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.

[illegible]

Complaint Form, Revised August 2009

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[illegible]

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List the school officials you have made contact with regarding these issues (include name and title):

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COMPLAINANT'S SIGNATURE: \_\_\_\_\_

As per 34 C.F.R. §300.153, this form must be signed or it cannot be processed and will be returned to you for signature.

- The Office for Exceptional Children only accepts formal complaints with an **original signature**. Complaints which are faxed or sent via email will not be accepted.
- As per 34 C.F.R. §300.153 (c), a copy of the complaint must be sent by the complainant to the district against whom the complaint is filed.

☐ **Please check the box if you have sent a copy of this complaint to the superintendent of the school district against whom the complaint is being filed (Please note this is required).**

At the conclusion of the OEC's review, findings are issued only to the parent, or student who has reached the age of majority, and the district, unless the complainant has obtained and filed the necessary consent for release of the information. If the complaint does not have the necessary consent for release of information, the complainant receives a letter of assurance that any identified areas of noncompliance have been addressed.

**Note:** The use of this form is not required. Instead of using this form, you may submit your own complaint but your request must include all information required by federal regulation 34 C.F.R. §300.153.

**Please mail all complaints to the following address:**

**Ohio Department of Education  
Office for Exceptional Children  
Attn: Assistant Director of Procedural Safeguards  
25 South Front Street, 2<sup>nd</sup> Floor, MS 202  
Columbus, OH 43215**

If you have questions regarding the completion of this form or the complaint process, contact the Office for Exceptional Children at (614) 466-2650.

Effective Date: August 2009