

**SPECIAL EDUCATION
FORMAL WRITTEN COMPLAINT FORM**

Kentucky Department of Education
Office of Teaching and Learning
Division of Learning Services
300 Sower Blvd., 5th Floor
Frankfort, KY 40601
(502) 564-4970

Complete this form electronically, print for signature
ONLY ORIGINAL SIGNED COPIES WILL BE ACCEPTED

1. Name of person filing complaint: _____

Address: _____

Telephone Numbers: *home* _____ *office* _____ *cell* _____

Fax Number: _____

Email address: _____

Relationship to the student:

Parent Citizen Attorney Advocate

Other, Specify _____

2. Student's Full Name: _____

Address: _____

If student is a homeless child or youth, please include any available contact information

Disability: _____

District of Attendance: _____ School of Attendance: _____

School Address _____

School Telephone Number _____

School in which alleged violation occurred, if different than above _____

3. List person(s) you have already talked with to resolve this complaint and their response to your request:

4. Subject(s) the complaint involves: (please give a brief summary of the violation(s) of the special education law that you believe has occurred).

Describe the problem, including facts specific to each alleged violation. Use additional sheets if needed.

Please number specific areas of concern, include dates when available.

INFORMATION PROVIDED MUST SHOW THAT THE VIOLATION DID NOT OCCURE MORE THAN ONE (1) YEAR PRIOR TO THE DATE OF THE RECEIPT OF THIS COMPLAINT.

5. Provide a proposed resolution of the problem to the extent known and available to you:

YOU MAY INCLUDE COPIES OF ANY RECORDS OR OTHER INFORMATION THAT SUPPORTS YOUR COMPLAINT.

You are required to sign and date the form. Unsigned complaints cannot be accepted.

Signature (required)

Date (required)

YOU ARE REQUIRED TO SEND A COPY OF THIS COMPLAINT FORM TO THE SCHOOL DISTRICT.

I certify that I have sent a copy of this complaint form to the _____ School District on

_____ (Date required)