

Special Education  
Formal Written Complaint Form  
Kentucky Department of Education  
Office of Special Education and Early Learning  
300 Sower Blvd., 4<sup>th</sup> Floor  
Frankfort, KY 40601  
(502) 564-4970

*Complete this form electronically and submit with signature.*  
**ONLY ORIGINAL SIGNED COPIES WILL BE ACCEPTED**

Items denoted with an \* are optional.

1. Name of person filing complaint:

Address:

Telephone Numbers: Home                      Office                      Cell

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 OCCUR 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 this form. Unsigned complaints cannot be accepted.**

Signature (required)

Date (required)

**YOU ARE REQUIRED TO SEND A COPY OF THIS COMPLETED 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).