

Special Education Formal Complaint Form

Use the Tab Key to move to each part of the form

This form can be used by any individual or organization to file a formal state complaint with the Georgia Department of Education (GaDOE) to allege that a public agency has violated requirements of the Individuals with Disabilities Education Act (IDEA) and/or state special education rules. The use of an asterisk (*) indicates required information per the IDEA for filing a formal state complaint. Failure to provide required information may delay the complaint initiation. Use of this form is voluntary.

*Public agency filing complaint against:			
*Name of Complainant:			
Relationship to student:			
*Complainant Address:			
*City:	*State:	*Zip Code:	
*Complainant Phone Number(s) :		
Complainant Email Address:			
*Name of Student:		Date of Birth:	
*Student Address:			
*City:	*State:	*Zip Code:	
GTID #:	The GTID # will	be provided by the local school district	
*Current School:			
	42 U.S.C. 11434a(2)), p	ing of section 725(2) of the McKinney- rovide available contact information for J.	
Parent (if not the complainant):			
Parent Address:			
City:	State:	Zip Code:	
Parent Phone Number(s):			
Parent Fmail Address:			







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*Statement of Alleged Violation(s): State the requirement(s) or obligation(s) you believe the public agency failed to follow as it pertains to the IDEA and/or state special education rules. The alleged violation(s) must have occurred not more than one year prior to the date the complaint is received by the GaDOE. (If more space is needed, please use additional paper.)		
*Facts Relating to Alleged Violation(s): State the facts relevant to the alleged violations th	•	
explain or clarify how, or in what way, the public agency failed to follow the IDEA and/or state special education rules (e.g., dates of incidents, specific details of incidents, persons involve (If more space is needed, please use additional paper.)		



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*Proposed Resolution to Alleged Violations: State resolve the problem(s) to the extent known and availa	
Are you willing to participate in the mediation process ☐ YES ☐ NO ☐ Not Applicable	s to try to resolve your concerns?
Mediation is only available to the parent(s) of the student on the mediation process, see Mediation webpage or	
*A copy of your Special Education Formal Compl Superintendent or the Special Education Director complaint against.	
Please indicate when, how, and to whom you provide	ed a copy of your formal complaint.
On, a copy of this forma (date)	I complaint was provided to
via	
(name or title of recipient)	(method of delivery)
*Signature of Complainant:	Date:



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Submit a **signed** copy of your Special Education Formal Complaint to:

Georgia Department of Education
Division for Special Education Services and Supports

By U.S. mail: 205 Jesse Hill Jr. Drive, SE, 1562 Twin Towers East Atlanta, Georgia 30334 or

By eFax: 770-344-4458

or

By Email: spedhelpdesk@doe.k12.ga.us

Electronic submissions are strongly encouraged

For questions, contact the Special Education Helpdesk at (404) 657-9968 or spedhelpdesk@doe.k12.ga.us.

For more information on the formal complaint process, see Formal Complaint webpage or Dispute Resolution State Board Rule.

Note: Copies of all correspondences shall be sent to the parties involved that include the complainant, the GaDOE, and the public agency. If the parent is not the complainant, the parent will also receive copies of all correspondences and the complainant may only receive information that includes personally identifiable information if the parent has provided consent to release such information.