

# STATE COMPLAINT FORM

(PLEASE DO NOT USE THIS FORM TO FILE DUE PROCESS)

Any individual or organization may file a signed written complaint under the procedures described in 34 C.F.R. §§ 300.151–300.153. The complaint must include a statement that a public education agency (PEA) has violated a requirement of Part B of the Individuals with Disabilities Education Act of 2004 (IDEA 04') and the facts on which the statement is based. The complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received in accordance with 34 C.F.R. § 300.151. **The party filing the complaint must forward a copy of the complaint to the PEA serving the child at the same time the party files the complaint with the Arizona Department of Education/Dispute Resolution (ADE/DR).**

Although it is not required in order to file a complaint, you may use this form if you believe a public education agency that is responsible for the provision of special education services has violated requirement(s) of Part B of IDEA 04', its implementing regulations, Arizona Revised Statutes, and/ or the Arizona Administrative Code.

**The Arizona Department of Education – Dispute Resolution Unit is ONLY authorized to investigate allegations regarding special education.**

PLEASE PRINT CLEARLY OR TYPE

Name of Student(s):

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
First Last

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
First Last

Name(s) of Parent(s) or Guardian \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number(s): (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email address: \_\_\_\_\_

Name(s) of Complainant (*if different from above*) \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number(s): (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of School or School District this complaint is regarding: \_\_\_\_\_

Name of School or School District where the student currently attends: \_\_\_\_\_

**REQUIRED:**

Signature of person filing complaint	Date
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**A L L E G A T I O N   F O R M   F O R   S T A T E   C O M P L A I N T**  
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This form is designed for you to provide ADE/DR with information needed in order to accurately process your complaint. Please complete one form per allegation. If more space is needed, please attach additional sheets in the same format.

Name of Student(s) \_\_\_\_\_ Allegation Number \_\_\_\_\_

\_\_\_\_\_

**1. What is the alleged violation?**

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

**2. What are the facts or evidence on which the allegation is based?**

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

**3. What are significant dates and events that may be relevant to this allegation?**

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

**4. What documents should be reviewed regarding this allegation?**

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

**5. What ideas do you have for how the issue you stated in (1) could be resolved?**

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

Questions concerning this form or the complaint process may be addressed by contacting:

**Arizona Department of Education**  
**Attn: Director of Dispute Resolution**  
1535 West Jefferson, Bin # 62, Phoenix, Arizona 85007  
Telephone: (602) 542 – 3084      FAX: (602) 364 – 0641

**Please send copies of any relevant documents and the completed forms  
to the above address or fax number**