

MODEL DUE PROCESS COMPLAINT NOTICE

IMPORTANT: This form is designed to assist parties in requesting a due process hearing. This request must be in writing and may include supporting documents. A request may also be submitted in some other written format at the discretion of the parent(s) or the public education agency (PEA). **The party filing a due process complaint must provide the complaint to the other party and forward a copy to the Arizona Department of Education/Dispute Resolution Unit who will contact you regarding your due process hearing request.**

This request is being initiated by the ☐ Parent/Legal Guardian ☐ Public Education Agency (PEA)

Date of Complaint: _____

PLEASE TYPE OR PRINT

REQUIRED INFORMATION

Complainant Name (Parent or PEA): _____

Complainant Address: _____

Preferred method of contact: Home number ☐ Work number ☐ Cell ☐ Mail ☐ **OR**

Email address _____

Complainant Phone Number: (H) _____ (W) _____ (C) _____

The best time(s) to call (i. e., normal working hours 8:00 am to 5:00 pm weekdays, evenings, weekends):

REQUIRED - STUDENT INFORMATION

Student's Name: _____

Student's Address: _____

Name of School/District complaint is regarding: _____

School/District Student is currently attending: _____

STATEMENT OF REASON(S) FOR REQUEST AND PROPOSED RESOLUTION FOR EACH PROBLEM/COMPLAINT:
Federal law requires that you describe with specificity the nature of the problem(s)/complaint(s) and provide a proposed resolution to each identified problem(s)/complaint(s). Simply describing a problem as “*student denied A Free Appropriate Public Education (FAPE) for school year 2005-2006*” is **insufficient**. In the spaces below please identify specific problems(s)/complaint(s) and a proposed resolution for each to the extent known. Include facts, dates, references to specific IEP provisions, etc. Lack of specificity in identifying problem(s)/complaints(s) may result in the dismissal of this Due Process Hearing Request.

**Please keep it simple, clear, and precise –
attach additional sheets in the same format, if needed.**

Problem/Complaint #1: _____

Proposed Resolution #1: _____

Problem/Complaint #2: _____

Proposed Resolution #2: _____

Problem/Complaint #3: _____

Proposed Resolution #3: _____

Problem/Complaint #4: _____

Proposed Resolution #4: _____

***You have the right to receive a copy of the Procedural Safeguards Notice
from the school/district at the time you submit your complaint.***

SIGNATURE OF PARTY REQUESTING DUE PROCESS HEARING

Please Print Name	
Signature Required	Date

NECESSITY OF INTERPRETER

Person(s) needing interpreter services:

Language:

Additional questions concerning this form or due process rights may be addressed by contacting:

Arizona Department of Education – Dispute Resolution Unit
1535 West Jefferson Street, BIN #62
Phoenix, Arizona 85007
Phone: 602-542-3084 Fax: 602-364-0641

www.azed.gov/special-education/dispute/