

# 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.** Contact and address information can be found on the last page of this document.

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

Date of Complaint: \_\_\_\_\_

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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):  
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## REQUIRED - STUDENT INFORMATION

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
\_\_\_\_\_

Name of School/District complaint is regarding: \_\_\_\_\_

School/District Student is currently attending: \_\_\_\_\_

Address of School District: \_\_\_\_\_

**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 2019-2020*” 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:** \_\_\_\_\_

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**Proposed Resolution #1:** \_\_\_\_\_

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**Problem/Complaint #2:** \_\_\_\_\_

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**Proposed Resolution #2:** \_\_\_\_\_

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**Problem/Complaint #3:** \_\_\_\_\_

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**Proposed Resolution #3:** \_\_\_\_\_

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**Problem/Complaint #4:** \_\_\_\_\_

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**Proposed Resolution #4:** \_\_\_\_\_

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\_\_\_\_\_

**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:


You may mail, email or fax your complaint using the contact information below. Additional questions concerning this form or due process rights may also 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  
Email: DRComplaintInBox@azed.gov  
<http://www.azed.gov/disputeresolution/>

