

Oklahoma State Department of Education Office of Special Education Services 2500 N Lincoln Blvd Ste 412 Oklahoma City OK 73105

Phone: (405) 521-3351 • Fax: (405) 522-3503

# **Request for Complaint Investigation**

### **Submission Instructions**

The Oklahoma State Department of Education Office of Special Education Services' (OSDE-SES) complaint procedures can be obtained by calling the above phone number, visiting the OSDE's website, or found in the Oklahoma Special Education Handbook Chapter 13, Section 4. Individuals with Disabilities Education Act (IDEA) regulations for State Complaint Procedures may be found at 34 CFR § 300.151-153. Parents and schools are encouraged to utilize mediation to resolve special education disputes. Such participation is voluntary. Please contact the OSDE-SES at (405) 521-3351 for further information.

A complaint **must** include the following information:

- 1. Current date.
- 2. Name, address, and telephone number of the person making the complaint (or available contact information).
- 3. The signature of the person making the complaint.
- 4. If alleging violations regarding a specific student, the name and address of the student involved (or available contact information in the case of a homeless student or family).
- 5. The school and local educational agency (LEA) or other education agency that is the subject of the complaint.
- 6. One or more statements (allegations) that the LEA has violated one or more requirements of IDEA Part B.
- 7. The facts and/or a description of the events that support each allegation.
- 8. Proposed resolution of the problem or the relief sought to the extent known and available to the party at the time.
- 9. The complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received.

Please fill out the form on the following pages (attach additional pages if necessary). The use of this form is optional, however, all Complaint Investigation Requests must include all required elements found on page 6. The OSDE-SES will accept a complaint received by mail, fax, or hand delivery. You may submit your concerns that meet all of the above requirements to the address above.

You must forward a copy of the complaint to the LEA or public agency serving the child at the same time the complaint is filed with the OSDE-SES.

The OSDE-SES will notify you if your submission is not sufficient and/or if additional information is required.

# **Examples of Allegations and Supporting Facts**

Allegation	Supporting Facts	Proposed Solution
The school district/ program did not implement my child's IEP.	My child's November 2018 IEP includes 30 minutes per week of speech-language services. I heard at a parent-teacher conference that he hasn't seen the speech therapist all year.	Provide make-up services to my child.
The school district/ program has refused to provide appropriate reading instruction for my child.	My child is in the fourth grade and is still at a beginning reading level. At the last IEP meeting (January 2019) I asked for more (or a different type) of reading instruction and the district refused.	Provide different, more effective reading instruction to my child.
The school district/ program does not complete initial special education evaluations within 45 school days of receiving parent consent.	I asked for a special education evaluation because my 6th grade son has had a difficult transition to middle school. He is failing his classes and has been suspended several times. I signed a consent form when I met with the counselor in October 2018. It is now April 2019 and I never received the testing results. My son is still having trouble in school.	Send me a copy of the completed evaluation and have an evaluation eligibility meeting to discuss the results.
The regular education teachers refuse to accommodate my child's disability.	My 11th grade daughter has a specific learning disability. Her October 2018 IEP says teachers will let her have extra time to complete assignments and she can take tests in the resource room so they can be read to her. Her teachers lower her grade on assignments when she takes extra time to complete them, and won't let her go to the resource room to take tests.	Provide training to the regular education teachers and make sure they implement my child's IEP.

## **Request for Complaint Investigation Form**

Parents, other individuals, and organizations may file a complaint if they believe a school district or other educational agency has violated the Individuals with Disabilities Education Act (IDEA).

### **Contact Information of Person Filing the Complaint**

Full Name		Relationship to Child			
Mailing Address					
City	State	ZIP Code			
Phone Number	Fax Number	Fax Number			
Email Address					
Contact Information of School District A	gainst Whom the Complaint	is Being Filed			
School District	•				
School District					
Mailing Address					
City	State	ZIP Code			
Phone Number	Fax Number				
Email Address					
Information of the Child Involved					
Child's Full Name	Date of Birth	Grade			
Home Address (if different from above)					
City	 State	ZIP Code			
Disability (optional)	School or Program C	School or Program Child Attends			
J 1 1 /	29 2 11 2				

Statement of Violation	
Describe the IDEA violation(s). You do not have to know specifically what law was violated, be must explain what you believe the school has done wrong. The complaint must describe a complaint that happened within the last year from the date the complaint is filed. Attach additional page needed.	oncern
Facts of the Allegation	
Describe what actually happened to lead you to believe the school or school district has vio the law under IDEA. Include dates, names, and locations. Attach additional pages as needed	
Proposed Solution	
For each of the above concerns you've described, what is your proposed solution? Attach additional pages as needed.	

### Mediation

Mediation is available to parents at no cost and can be entered into with the agreement of the School District. Mediation may proceed at the same time as the complaint investigation.

	is step is optional. Check all boxes that apply:  I request mediation and authorize the school district and OSDE-SES to share educational information with the mediator about my child's identity, educational needs, and information pertinent to the mediation. I understand the mediator will keep this information confidential								
	I would like	more information	n about med	ation.					
	I agree to extend the complaint timeline if the district/program also agrees and if an extension is necessary to engage in mediation.								
		for Complain	_						
By fec	leral regulat	ion, you must sen	d a copy of t	he complain	t to the scho	ol district <b>an</b>	<b>d</b> OSDE-SES.		
	Of Att 25	klahoma State De fice of Special Ed tn: Dispute Resolu 00 N Lincoln Blvd klahoma City OK 7	ucation Servi ution   Ste 412		Phone: (405) 5 Fax: (405) 5				
			,	AND					
Schoo	ol District			Superinte	endent Name	<del>,</del>			
•		Director Name	whom you p	Phone No		omplaint.			
	Hand deliv		elivered S	Signature of	Recipient				
	Faxed on:	Date Faxed	Faxed To R	ecipient Nar	ne	Faxed To Nu	ımber		
	Mailed on:	Date Mailed	Certified M	lail Return R	eceipt Numb	er (if applica	ıble)		
	Mailed To F	Recipient Name							
	Mailed To A	Address							
	City				State	ZIP Co	ode		

# Checklist Before mailing/faxing your request for a complaint investigation, make sure the items below have been completed: You have provided your name, address, contact information, and name of the school the student attends (page 3, when requesting a complaint investigation on behalf of the student). You have provided you name, address, and contact information where you can be reached (page 3). You have provided detailed information as to when, where, and how the alleged violation(s) took place (page 4). You have provided a proposed solution to the problem (page 4). You have signed your complaint below (page 6). You have mailed/faxed your complaint to the public agency (page 5). You have mailed/faxed your complaint in time for it to be received by OSDE-SES no later than one year after the alleged violation(s) occurred (page 4).



**Signature** 

Signature (required)

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Date