

## Request for Complaint Investigation

Parents, and 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). See OAR 581-015-2030 for complaint procedures.

### 1. Person filing the complaint.

Name(s) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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

### 2. The Local School District/ ESD or EI/ECSE Program against whom the complaint is made.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

### 3. The child involved.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Disability (*optional*) \_\_\_\_\_

School or Program Child Attends \_\_\_\_\_

- 4. Number and list each allegation separately.** Describe the IDEA violation and the specific facts that relate to that violation. The complaint must describe a concern(s) that happened within the last 12 months prior to the date that the complaint is received. Include dates, names and locations. (Attach additional pages if needed.)

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**5. Proposed Solution.** For each of the above concerns you've described, what is your proposed solution? (Attach additional pages if needed.)

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**6. Mediation (check any applicable boxes)**  
*(optional)*

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.

- I request mediation and authorize the school district and ODE 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 about mediation.
- I agree to extend the complaint timeline if the District/Program also agrees and an extension is necessary to engage in mediation.

**The Complainant must sign and mail (or fax) to both:**

**AND:**

Deputy Superintendent of Public Instruction  
Public Service Building  
255 Capitol Street NE  
Salem, Oregon 97310-0203  
Fax: 503-378-5156

**Attention:  
Office of Learning/Student Services**

**Local School District,  
ESD or EI/ECSE Program**

Name: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

\_\_\_\_\_  
**Signature (required)**

\_\_\_\_\_  
**Date**

The Oregon Department of Education is an equal opportunity agency and employer.