DUE PROCESS COMPLAINT NOTICE – PARENT

To: _____
(SCHOOL SUPERINTENDENT)

_____
(SCHOOL DISTRICT)

Address: _____
_____
_____

CHILD'S INFORMATION

Child's Name: _____

Address of Child's Residence: _____
_____
_____

School: _____

Current Grade/ Placement: _____

Date of Birth: _____

Disability: _____

DUE PROCESS REQUEST

NAME OF PARENT/GUARDIAN AND ANY ATTORNEY REPRESENTING THE CHILD

Name of Parent or Guardian: _____

Address: _____
_____

Telephone: _____

Fax: _____

E-mail: _____

Name of Attorney: _____

Business Address: _____
_____

Telephone: _____

Fax: _____

E-mail: _____

Describe the nature of the problem(s) of the child relating to the proposed initiation or change of identification, evaluation, placement, or appropriateness of the education of your child, including specific facts relating to such problem which make this hearing necessary. (Attach additional pages if necessary.) _____
_____
_____

A proposed resolution of the problem to the extent known and available to the party. _____
_____
_____
_____

Parents have the right to request mediation to resolve this problem. Such participation is voluntary. Please contact the school or the Oklahoma State Department of Education at (405) 521-3351 for further information. The due process hearing timeline does not begin until the complaint notice, completed in accordance with all requirements, is received by both the school and the Oklahoma State Department of Education, Special Education Services. A copy of the notice must be mailed or faxed to:

Oklahoma State Department of Education
Attn: Special Education Services
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4599
Fax: (405) 522-3503

Signature: _____ Date _____