

EXPEDITED DUE PROCESS COMPLAINT NOTICE - LEA

To: _____ Address: _____
 (SCHOOL SUPERINTENDENT) _____

 (SCHOOL DISTRICT) _____

CHILD'S INFORMATION

Child's Name: _____ School: _____
 Address of Child's _____
 Residence: _____ Current Grade/
 Placement: _____
 _____ Date of Birth: _____
 _____ Disability: _____

NAME OR PARENT/GUARDIAN AND ANY ATTORNEY REPRESENTING THE CHILD

Name of Parent _____ Name of Attorney _____
 or Guardian: _____
 Address: _____ Business Address: _____

 Telephone: _____ Telephone: _____
 Fax: _____ Fax: _____
 E-mail: _____ E-mail: _____

Describe the nature of the problem(s) maintaining the current placement of the child if substantially likely to result in injury to the child or to others, 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 parent 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: _____

Required information: This hearing must occur within 20 school days of the date the hearing is requested and shall result in a determination within ten (10) school days of the final submission of the parties.

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 (SCHOOL DISTRICT)

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CHILD’S INFORMATION

Child’s Name: _____ School: _____
 Address of Child’s Residence: _____ Current Grade/
 Placement: _____
 _____ Date of Birth: _____
 _____ Disability: _____

NAME OR PARENT/GUARDIAN AND ANY ATTORNEY REPRESENTING THE CHILD

Name of Parent or Guardian: _____ Name of Attorney _____
 Address: _____ Business Address: _____

 Telephone: _____ Telephone: _____
 Fax: _____ Fax: _____
 E-mail: _____ E-mail: _____

Describe the nature of the problem(s) maintaining the current placement of the child if substantially likely to result in injury to the child or to others, including specific facts relating to such problem which make this hearing necessary. (Attach additional pages if necessary.)

How may the problem(s) be resolved?

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 the school. A copy of the notice must be mailed or faxed to:

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