

EXPEDITED 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: _____

NAME OR 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 discipline matters including placement in an alternative setting or a manifestation determination, and facts relating to such problem(s). (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.