



**INDIANA
DEPARTMENT of
EDUCATION**

**Mike Braun, Governor
Katie Jenner, Secretary of Education**

<https://www.in.gov/doe/students/special-education>

INSTRUCTIONS: Form may be completed electronically, but must be printed and must include a handwritten signature. Please mail or fax a copy to the Office of Special Education, and to the public agency serving the student. **An asterisk (*) indicates required information.**

COMPLAINANT INFORMATION

Name:*		Address:	
City:		State:	
		Zip Code:	
Home Number:		Work Number:	
Cell Number:		Email:	

Contact information for the Complainant is required

STUDENT INFORMATION (If Applicable)

Name of Student:*		Gender:		Date of Birth(M/D/Y):		Age:	
Address of Student (in the case of a homeless student as defined by 511 IAC 7-32-46, available contact information.):*						Grade:	
Name of Parent/Guardian (if other than person filing complaint):							

SCHOOL INFORMATION

Name of School Student attends:*	
Name of School Corporation or Charter School:	

STATEMENT OF VIOLATION

Did the alleged violation(s) occur within the last year? If yes, please provide specific dates:	
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Please explain how you believe the public agency has violated federal or state special education law. You are not required to specify which special education law has been violated, but you must explain why you believe the public agency has not complied with the law. Example: "The teacher is not following my child's IEP." * (Attach additional pages as necessary.) **You may attach any documents that you believe support your allegations.**

FACTS RELATED TO THE ABOVE ALLEGATION

Describe why you believe the public agency has violated the special education law. Include all important facts in this description.
Example: "On October 13th, my child was not allowed extra time on his history exam." * (Attach additional pages as necessary.)

PROPOSED RESOLUTION

Briefly explain how you would like the problem to be resolved to the extent known and available at the time the complaint is filed. * (Attach additional pages as necessary.)

Printed name*

Signature*

Date

Note: Form may be completed electronically, but must be printed and must include a handwritten signature. You may also attach any documents that you believe support your allegations. A letter of complaint received without written signature will NOT be processed. Mail, fax or deliver the completed form (including hand written signature) to: Fax number - 317/232-0589; Address - Indiana Department of Education, Office of Special Education, IGC North, 9th Floor, 100 N Senate Ave, Indianapolis, IN 46204. And mail or fax a copy to the public agency serving the student.