

## Ripley School District Complaint Form

### Complaint Contact Information (Complainant)

Name of Person/Organization filing the complaint:		Date:
Relationship to the Student--Check One: <input type="checkbox"/> Parent or Person in Parental Relationship <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Parent's Attorney <input type="checkbox"/> School District/State Agency Representative <input type="checkbox"/> Other _____		
*Contact Information for Complainant:		
Mailing Address:	Telephone: Day: _____ Work: _____	
What is the best time to contact you (the complainant) and at what phone number? _____		

### Student Information (if you are alleging a violation with respect to a specific student)

*Child's Name:	Date of Birth:
*Address of Child's Residence (if any):	
*Name of the School the Child Attends:	
Name of the School District of Residence (if different from the school the child attends):	
Address of the School the Child Attends:	
*Additional Contact Information for Homeless Child or Youth (if available):	
Parent's Name:	
Parent's Address:	
This form <u>must</u> be signed or it cannot be processed and will be returned to you for signature. <ul style="list-style-type: none"> <li>• The New York State Education Department will only accept formal complaints with <b>ORIGINAL signature</b>. State Complaints that are faxed or emailed will <u>not</u> be accepted.</li> <li>• *A <b>copy of the State Complaint must be sent</b> by the complainant to the school district or public agency against whom the complaint is filed at the same time it is sent to New York State Education Department.</li> </ul>	

\*Complainant Signature: \_\_\_\_\_

Have you sent a copy of this complaint to the superintendent of the school district or public agency that you are alleging violated special education law or regulation?  Yes  No

## Complaint Information

If you have more than one complaint issue, please complete a separate page for each alleged violation of law or regulation relating to the education of students with disabilities.

### **\*Allegation Information**

Provide a statement of how you believe the school district or public agency has violated Part B of IDEA or a State law or regulation relating to the education of students with disabilities. You do not need to know specifically what law or regulation might have been violated. Attach additional pages if necessary. (The complaint must allege a violation that occurred not more than one year prior to the date that the State complaint is received.)

### **\*What are the facts upon which the above allegation statement is based?**

### **If you are alleging a violation with respect to a specific student:**

\*1. Describe the nature of the problem of the child (how the alleged violation affected the student) and include facts relating to the problem to support this allegation.

\*2. Describe a proposed resolution of the problem (what you believe should occur to correct the problem or how the district could resolve the alleged violation) to the extent known and available at this time. Attach additional pages if necessary.

**This issue is currently/or has been addressed in a due process impartial hearing.**

Yes  No