



DUE PROCESS COMPLAINT NOTICE

ND Department of Public Instruction
Office of Special Education
SFN 9461 (7/05)

Return to:
Dept. of Public Instruction
Office of Special Education
600 E Blvd Ave, Dept. 201
Bismarck ND 58505-0440

DUE PROCESS COMPLAINT NOTICE

A due process complaint may be initiated by a school district, multidistrict special education board, a parent, or a legal guardian for the purposes set forth in the guidelines and regulations for "Due Process and Review" published in the Annual Program Plan, Part B, Individuals with Disabilities Education Act as Amended by P.L. 108-446 [IDEA 2004] and distributed by the Department of Public Instruction. The regulations contained in this publication should be studied thoroughly prior to completing this due process complaint notice. This notice should be considered only if all efforts at the local level for agreement have failed.

Mediation

- A. Have you considered the option of mediation for resolution of this conflict? Yes No
- B. Do you wish to request mediation to help resolve this conflict? Yes No

Parent Initiation of Hearing

- A parent of a child with disabilities or the parent of a child whom the parent believes to be disabled may initiate a hearing if:
- A. The parent disagrees with a proposal by a local school district or a proposal by another public agency operating an education program to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child; or
- B. A local school district or another public agency operating an education program refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child.

School District Initiation of Hearing

- A local school district or other public agency operating an educational program may initiate a hearing:
- when a parent refuses consent for initial evaluation;
 - to demonstrate that the school district has conducted an appropriate evaluation;
 - to demonstrate that the school district has offered a free appropriate public education.

Complete and return both pages to: Department of Public Instruction, Office of Special Education, 600 E Blvd. Ave., Dept 201, Bismarck, ND 58505-0440. Your application must include a detailed statement describing the problem(s) involved, a proposed resolution of the problem, and must be signed by the party initiating the request (parent/guardian or school district). (Federal regulations at 34 CFR §300.507)

Name of Child	Child's Date of Birth:	Date of Request:
Child's Address	Name of school child attending:	
Person Requesting the Hearing:	Address:	Telephone Number:

Signature and Declaration of Mailing

I, _____, assert by signing this document that a copy of this notice was mailed / hand delivered (circle one) to _____, the other party involved in this conflict, on _____ (date).

STATE OFFICE USE ONLY

Date Application Received:	Signature:
Date Application Approved:	Signature:
Assignment of Hearing Officer (Name):	Date:
Date Approved Copy Sent to Applicant:	

