



**DUE PROCESS COMPLAINT NOTICE**  
 NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
 OFFICE OF SPECIAL EDUCATION  
 SFN 9461 (03-2017)

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

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**

Have you considered the option of mediation for resolution of this conflict? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to request mediation to help resolve this conflict? Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.
- 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 Person Requesting the Hearing	Telephone Number	Date of Request	
Address	City	State	ZIP Code
Name of Child	Child's Date of Birth	Name of School Child Attending	
Child's Address	City	State	ZIP Code

**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 the date indicated below.

Signature of Sender	Name of Other Party	Date
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**Statement**

Description of Problem(s) including facts relating to the issue.
Proposed Solution(s) to the problem(s).

Signature of Person Requesting Hearing	Relationship to the Child	Date
Signature of Person Requesting Hearing	Relationship to the Child	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	