



REQUEST FOR COMPLAINT INVESTIGATION

ND Department of Public Instruction
Office of Special Education
SFN 58618 (7/07)

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

REQUEST FOR COMPLAINT INVESTIGATION

Any individual or organization may file a complaint with the department if they believe a public agency has violated federal requirements to provide a free and appropriate public education (FAPE) under the Individuals with Disabilities Education Act (IDEA). All complaints must be in writing, must be signed, and should clearly identify the alleged violation(s). A complainant has the right to file a complaint with the department within **one year** of an alleged violation.

The Department of Public Instruction will investigate the complaint and issue a decision within 60 days of receiving the complaint, unless exceptional circumstances extend this timeline. If the department finds that the public agency has violated requirements relating to special education, the local educational agency will be directed to complete corrective actions to correct the violations.

Complaint should be returned to: Department of Public Instruction, Office of Special Education, 600 E Boulevard Avenue, Dept 201, Bismarck, ND 58505-0440.

Date of Request:		Name of Complainant:	
Complainant Address:	Home Telephone Number:	Work Telephone Number:	
Cell Phone Number:	Fax (if available):	E-mail (if available):	
Would you consider mediation to resolve these issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child's Name:		Date of Birth:	
Child's Address (if different than that above)		School District Child Attending:	
Child's Grade/age:	Child's Disability:	Complainant's Relationship to the Child:	

Complaint and Supporting Facts: *(Directions: Number and list each allegation separately. Describe the violation and the specific facts that related to that violation. If possible, include dates, names and locations. Attach additional pages if more space is required.)*

Complaint and Supporting Facts (continued)

Proposed solution(s): *(Directions: Describe what remedies have already been or could be attempted to correct the problem.
Attach additional pages if more space is required.)*

Signature

Date