



OFFICE FOR DISPUTE  
RESOLUTION

## Due Process Complaint

\*indicates a required field

Basic Information			
<input type="checkbox"/> IDEA	<input type="checkbox"/> IDEA & Gifted Education	<input type="checkbox"/> Gifted Education	<input type="checkbox"/> Section 504
*Today's Date:		*Requested by: <input type="checkbox"/> Parent <input type="checkbox"/> LEA	
*Name/Email of Person Completing this Request:		*Relationship to Student:	*Phone:
<b>Please send a copy of the completed Due Process Complaint to the opposing party at the same time it is filed with the Office for Dispute Resolution.</b>			
If you require special accommodations to participate in the due process hearing, you must notify the LEA.			

Student Information			
*Last Name:	*First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Exceptionality:		Exceptionality:	
*LEA (Local Education Agency) – if known		*School Building Student Attends:	

Parent(s) Residing with Student			
*Last Name:	*First Name:	*Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
*Home Phone:	Cell Phone:	Work Phone:	Email:
<b>Preferred method of written correspondence:</b>		<input type="checkbox"/> Email	<input type="checkbox"/> U.S. Mail
Last Name:	First Name:	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Home Phone:	Cell Phone:	Work Phone:	Email:
<b>Preferred Method of written correspondence:</b>		<input type="checkbox"/> Email	<input type="checkbox"/> U.S. Mail
*Parent(s)/Student Address:			
Parent Attorney (if represented):			Attorney Phone:
Attorney Address:			Attorney Email:

**Parent(s) Not Residing with Student**

Last Name:		First Name:		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father	
Home Phone:	Cell Phone:	Work Phone:	Email:		
<b>Preferred method of written correspondence:</b>				<input type="checkbox"/> Email	<input type="checkbox"/> U.S. Mail
Parent Address:					
Parent Attorney (if represented):				Attorney Phone:	
Attorney Address:				Attorney Email:	

**Local Education Agency (LEA) Information**

<b>I. LEA Contact Person Information</b>		
Last Name:	First Name:	Position Title:
Cell Phone:	Work Phone:	Email:
Address:		
<b>II. Superintendent/CEO</b>		
Last Name:	First Name:	Position Title:
Address:		Phone:
<b>III. LEA Attorney</b>		
Attorney Phone:		Attorney Email:
Attorney Address:		
<b>IV. The due process hearing will be held at the following address:</b> <i>(Building Name, Address and Room Number/Name – to be completed by the LEA)</i>		
<b>Note: The hearing will be held at a time and place reasonably convenient to parents and child involved. For gifted education cases, the hearing will be held in the school district at a place reasonably convenient to the parents and, at the request of the parents, may be held in the evening.</b>		

**Information About the Due Process Complaint (IDEA Cases only)**

A. Does your issue pertain to a hearing officer decision which has not been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, the Bureau of Special Education will be notified, and will investigate the matter. Due process is not available when the issue pertains to non-implementation of a hearing officer's decision.)</i>	
B. Is this a request for a hearing based on a disagreement about: <input type="checkbox"/> Discipline <input type="checkbox"/> ESY (Extended School Year)	
<input type="checkbox"/> Check here if student is in the ESY target group	

### Information About Due Process Complaint (All Cases)

You may use this form to explain the nature of your dispute, or you may attach a separate piece of paper containing this information.

\*What is the dispute about? Please include facts in your description.

\*How would you like to see this resolved? What are you seeking?

If you know the other side's position about this problem, please describe it here.

### Resolution Meeting (IDEA Cases only)

Prior to a due process hearing taking place, if the parent filed the process complaint, the law (34 CFR §300.510) requires the parties to participate in a resolution meeting, unless both sides agree in writing to waive this requirement. Please completed the following information:

- |  |        |
|--|--------|
| 1. A resolution meeting to discuss these issues is scheduled for:                                | (Date) |
| 2. A resolution meeting was held on:   | (Date) |
| 3. Participation in the resolution meeting was waived by both parties and the LEA in writing on: |        |
| 4. In lieu of a resolution meeting, I am requesting mediation. <input type="checkbox"/>          | (Date) |

**If #4 is checked, an ODR mediation case manager will be in contact with the parties.**

An ODR staff member will confirm receipt of complaint and provide case manager and hearing officer information.

Additional information about due process is available on the ODR website, [www.odr-pa.org](http://www.odr-pa.org), or by calling the Special Education ConsultLine (800-879-2301).