



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:	
Hearing Preference: <input type="checkbox"/> In Person <input type="checkbox"/> Virtual (Choose only one)			
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.			
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:
Preferred method of written correspondence: <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:
Preferred Method of written correspondence: <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:		
Preferred method of written correspondence:				<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**I. LEA Contact Person Information**

Last Name:		First Name:		Position Title:
Cell Phone:		Work Phone:		Email:
Address:				

II. Superintendent/CEO

Last Name:		First Name:		Position Title:
Address:		Phone:		

III. LEA Attorney

Attorney Phone:		Attorney Email:
Attorney Address:		

IV. The due process hearing will be held at the following address:

(Building Name, Address and Room Number/Name – to be completed by the LEA)

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.

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

*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. (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, or by calling the Special Education ConsultLine (800-879-2301).