

**Connecticut State Department of Education - Bureau of Special Education
Special Education Complaint Form**

This is a recommended form for the filing of special education complaints. You do not have to use this form to file a complaint although it will help you to include the required information. (Questions may be directed to Bureau staff at 860-713-6928.) Please complete this form and forward to the parents or school district (as appropriate) and send a copy to:

**State Department of Education
Bureau of Special Education
P.O. Box 2219 – Unit 604
Hartford, CT 06145-2219 or Fax to 860-713-7153**

Date:* _____ Person/Agency filing the complaint: _____

Address: _____ Phone: _____

(street)

_____ Email:* _____

(town)

(state)

(zip)

Parent's Name (if different):* _____ Phone:* _____

Child's Name _____ Date of Birth* _____

(last)

(middle)

(first)

Education Agency (school district)* _____

Name of School the Child Attends _____ Disability Category* _____

Child's Address:

(street)

(town)

(state)

(zip)

Be specific as to why you believe that a requirement of the Individuals with Disabilities Education Act has been violated. Include a description of the relevant facts, the nature of the child's problem and a proposed resolution of the problem to the extent known and available at this time. Please forward a copy of this complaint to the education agency. If necessary, you may attach additional sheets as well as documentation of your complaint allegations.

Signature of Complainant _____

*Information requested is optional