

**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 – Room 364  
Hartford, CT 06145-2219**

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.

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\_\_\_\_\_

Signature of Complainant \_\_\_\_\_

\*Information requested is optional

Revised February 2012