State Complaint

Under the Individuals with Disabilities Education Act (IDEA)
Use of this form is not required.

An organization or individual may file a signed written complaint with the Colorado Department of Education which must include the following information: Date: This complaint is filed by (check one): If this complaint is filed on behalf of a specific child, please indicate the information below: ☐ Parent of the child. Other, please explain: _____ Child's name Name Child's address Address Citv City School the student attends home # work # cell# **Filing Instructions:** This complaint and all attachments must be mailed or delivered to: State Complaints Officer, Exceptional Student Services Unit Colorado Department of Education (CDE) 1560 Broadway, Suite 1175, Denver, CO 80202 NOTE: CDE does not accept faxed or electronically filed (e-mail) complaints. This complaint and all attachments must be also be filed with the Director of Special Education for the School District, BOCES or State Operated Program. If you are unsure of the Special Education Director, please call the Colorado Department of Education at 303-866-6694. Director of Special Education School District, BOCES, or State Operated Program Address Zip City

Statement of Alleged Violation. Please describe a) the violation, b) the date the violation began and c) identify the portion of the statute, law, rule, or regulation violated, if known (attach additional pages if necessary):	
Please describe the background information and all the additional pages if necessary): (Please attach all suppoconsents, correspondence with school or district staff,	rting documentation – e.g., current IEPs, written
Please describe how this problem could be resolved (at	ttach additional pages if necessary):
I certify that on the same date, a complete copy of this state hand-delivered to the Special Education Director indicated of	•
Print Name	
Signature	Date
Print Name	
Signature	 Date