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):

☐ Parent of the child.

☐ Other, please explain: __________________

________________________________________
Name

________________________________________
Address

________________________________________
City, CO Zip

home # (____)____-________

work # (____)____-________

cell # (____)____-________

If this complaint is filed on behalf of a specific child, please indicate the information below:

Child’s name

________________________________________
Child’s address

________________________________________
City, CO Zip

School the student attends

________________________________________
Director of Special Education

________________________________________
School District, BOCES, or State Operated Program

________________________________________
Address

________________________________________
City, CO Zip

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.
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 facts relating to the alleged violation (attach additional pages if necessary): (Please attach all supporting documentation – e.g., current IEPs, written consents, correspondence with school or district staff, etc.)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Please describe how this problem could be resolved (attach additional pages if necessary):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I certify that on the same date, a complete copy of this state complaint and all attachments was also mailed or hand-delivered to the Special Education Director indicated on page one of this form.
_____________________________________________________________________
Print Name
_____________________________________________________________________
Signature          Date
_____________________________________________________________________
Print Name
_____________________________________________________________________
Signature          Date