Due Process Complaint

Under the Individuals with Disabilities Education Act (IDEA)

A due process complaint may be filed on any matter which alleges: a violation of IDEA with respect to the proposal or refusal to initiate or change the identification, evaluation, or educational placement of the child or the provision of a Free Appropriate Public Education (FAPE) to the child.

Use of this form is not required. Forms must be submitted by fax or phone.

Date: _____

This complaint is filed by (check one):

☐ **Parent of the child** (please print)_____

☐ **the School District, BOCES, or State Operated Program** (please print)_____

The responding party is (check one):

☐ **Parent of the child** (please print)_____

☐ **the School District, BOCES, or State Operated Program** (please print)_____

Filing Instructions:

- **This complaint and all attachments must be filed with the other party** - the Director of Special Education (for the School District, BOCES, or State Operated Program) or the Parent. If you are unsure of the Special Education Director, please call the Colorado Department of Education at 303-866-6694.
- **A copy of this complaint and all attachments must also be mailed or faxed to:**

  Colorado Department of Education (CDE)
  Exceptional Student Services Unit, Dispute Resolution
  Office 1560 Broadway, Suite 1100, Denver, CO 80202
  Or Fax: 303-866-6767 Attn: Dispute Resolution

  NOTE: CDE does not accept electronic filing (e-mail) of complaints.

_____
Parent(s) name

_____
Address

_____, CO _____
City Zip

home # (_____)_____-_____

work # (_____)_____-_____

cell # (_____)_____-_____

fax # (_____)_____-_____

_____
Director of Special Education

_____
School District, BOCES, or State Operated Program

_____
Address

_____, CO _____
City Zip

phone # (_____)_____-_____

fax # (_____)_____-_____

This complaint is filed on behalf of:

_____ _____
Child's name School the student attends

_____
Child's address (if different from the parent's address)

_____, CO _____
City Zip

If the requesting party will be represented by an attorney or assisted by an advocate, please indicate below:

_____ phone # (_____)_____-_____
☐ Attorney or ☐ Advocate's Name (check one)

fax # (_____)_____-_____

_____
Address

_____, CO _____
City Zip

Also, please check if either of the following apply:

☐ **This complaint is based on Suspension/Expulsion or a Manifestation Determination.**

☐ **I am also requesting Mediation at this time.** (Mediation may be requested for disputes arising under the IDEA. Mediation is free to both parties. Mediation is a voluntary process, therefore, both parties must agree to mediation prior to the assignment of a Mediator. CDE will contact the other party to determine whether that party accepts or rejects mediation. For more information: http://www.cde.state.co.us/spedlaw/info.htm)

Please describe a) the nature of the problem, b) the specific date the problem began, and c) the relevant facts relating to the problem (attach additional pages if necessary):

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

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Print Name

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Signature Date

_____
Print Name

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Signature Date