

# **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.**

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 1175, 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

\_\_\_\_\_  
Director of Special Education

\_\_\_\_\_  
Address

\_\_\_\_\_  
School District, BOCES, or State Operated Program

\_\_\_\_\_, CO \_\_\_\_\_  
City Zip

\_\_\_\_\_  
Address

home # (\_\_\_\_)\_\_\_\_-\_\_\_\_

\_\_\_\_\_, CO \_\_\_\_\_  
City Zip

work # (\_\_\_\_)\_\_\_\_-\_\_\_\_

phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_

cell # (\_\_\_\_)\_\_\_\_-\_\_\_\_

fax # (\_\_\_\_)\_\_\_\_-\_\_\_\_

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:**

\_\_\_\_\_  
 Attorney or  Advocate's Name (check one)

phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_

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

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Print Name

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Signature

Date