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: _______________________

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

Child’s name

Child’s address

City ____________, CO ____________

School the student attends

Name ______________________________________

Address __________________________________

City ________, CO __________________

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 1100, 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

________________________________________
City ________, CO ____________

1 of 2 | Colorado Department of Education, Exceptional Student Services Unit – Model Form Nov 2017
☐ Check this box if there is an allegation about the use of restraint or seclusion and include information about the use of restraint or seclusion for all of the remaining sections of this form.

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