

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

_____, CO _____
City 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

_____, CO _____
City Zip

School the student attends

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

_____, CO _____
City Zip

