This form is designed to provide the NC DPI Office of Exceptional Children (OEC) with the required information in order to accurately process your complaint. Information with an asterisk (\*) is required; however, use of this form is optional.

**SECTION ONE: Complainant** (the person filing the complaint), **Student, and Public Agency** (public school system, charter school, or state operated program) **Information\***

**Complainant Information\***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |   | Relationship to Student |  |
| Address |  |
| Email  |  | Phone Number |  |
| Check box if you agree to receive correspondence related to this complaint from NC DPI via confidential email *(optional).*  |[ ]
| If you are a third party complainant, check the box if a signed consent form from the parent and/or student is attached. A signed consent form is needed to exchange information, including the final report, with the third party complainant.  |[ ]

**Student Information\***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Disability |  | Grade |  |
| Address: (*if different from Complainant) In case of homeless youth, provide contact information.* |
|  |

**Public Agency:** The alleged violation(s) are against – \*

|  |  |
| --- | --- |
| Name of Public Agency |  |
| Name of School*(location of alleged violation)* |  |
| Name of School the student is attending, *if different from above* |  |
| Check box if the student is not currently enrolled in the named Public Agency *(optional)* |[ ]

**SECTION TWO: Statement of Alleged Violation(s) and Supporting Facts\***

You do not need to know the specific statute or policy that may have been violated; however, you must explain what you believe the school has done or has failed to do that is in violation of IDEA and NC *Policies*. For example, “The teachers are not following my child’s IEP.” If there is more than one alleged violation, use the additional page(s) to indicate the other alleged violation(s) and supporting facts.

|  |  |
| --- | --- |
| Alleged Violation #1 \* |  |
| Date or Time Period of Alleged Violation |  |
| Supporting Facts\* (see page 2) |  |
| **Supporting Facts: Provide details about the alleged violation.**  |

|  |
| --- |
| Check the box if there are additional alleged violations attached (*optional*). |[ ]
| Check the box if additional documentation is attached (*optional*). |[ ]

**SECTION THREE: Proposed Solution\*** *(if known)*

What is your proposed solution to the alleged violations?

|  |
| --- |
|  |

**SECTION FOUR: Signature, Date, and Confirmation\***

Please sign, date and confirm that a copy of the state complaint has been provided to the Superintendent or School Administrator of the Public Agency in which the allegations occurred in the boxes below. Please ensure you have included all required information (\*) before submitting to NC DPI and the Public Agency.

|  |  |  |  |
| --- | --- | --- | --- |
| **Complainant’s Signature\*** |  | **Date\*** |  |
| *I confirm that a copy of the state complaint was provided to the Superintendent or School Administrator for the Public Agency in which the alleged violations occurred*. **Initial the box to the right.\*** |  |

**SECTION FIVE: Submission of Complaint\***

Send the finalized complaint form to the NC DPI OEC Senior Director by postal mail and/or email:

|  |  |
| --- | --- |
| Mailing Address:  | Dr. Carol Ann M. Hudgens, Senior DirectorNC DPI Office of Exceptional Children6356 Mail Service CenterRaleigh, NC 27699-6536 |
| Email Address:  | state\_ec\_complaints@dpi.nc.gov |

**Statement of additional alleged violations and supporting facts, if any:**

|  |  |
| --- | --- |
| Alleged Violation #2 |  |
| Date or Time Period of Alleged Violation |  |
| **Supporting Facts: Provide details about the alleged violation.**  |

|  |  |
| --- | --- |
| Alleged Violation #3 |  |
| Date or Time Period of Alleged Violation |  |
| **Supporting Facts: Provide details about the alleged violation.**  |