

# Formal State Complaint Form

## Request for a Special Education State Complaint Investigation

This form is designed to provide the NCDPI EC Division 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 ( <i>optional</i> ).			<input type="checkbox"/>
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.			<input type="checkbox"/>

**Student Information\***

Name		Date of Birth	
Disability		Grade	
Address: ( <i>if different from Complainant</i> ) <i>In case of homeless youth, provide contact information.</i>			

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

Name of Public Agency	
Name of School <i>(location of alleged violation)</i>	
Name of School the student is attending, <i>if different from above</i>	
Check box if the student is not currently enrolled in the named Public Agency ( <i>optional</i> )	
<input type="checkbox"/>	

**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)	

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**Supporting Facts: Provide details about the alleged violation.**

Check the box if there are additional alleged violations attached ( <i>optional</i> ).	<input type="checkbox"/>
Check the box if additional documentation is attached ( <i>optional</i> ).	<input type="checkbox"/>

**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 NCDPI and the Public Agency.

<b>Complainant's Signature*</b>		<b>Date*</b>	
<i>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.</i>			
<b>Initial the box to the right.*</b>			

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

Send the finalized complaint form to the NC DPI EC Director by postal mail, fax and/or email:

Mailing Address:	Sherry H. Thomas, Director NCDPI Exceptional Children 6356 Mail Service Center Raleigh, NC 27699-6536
Fax Number:	(984) 236-2693
Email Address:	<a href="mailto:state_ec_complaints@dpi.nc.gov">state_ec_complaints@dpi.nc.gov</a>

FOR NC DPI USE ONLY			
Complaint Number	DRC Assigned	Date Received	Final Report Due

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

Alleged Violation #2	
Date or Time Period of Alleged Violation	
<b>Supporting Facts: Provide details about the alleged violation.</b>	

Alleged Violation #3	
Date or Time Period of Alleged Violation	
<b>Supporting Facts: Provide details about the alleged violation.</b>	