

**Florida Department of Education
Bureau of Exceptional Education and Student Services
Program Administration and Quality Assurance
Dispute Resolution**

State Complaint Form – *This form is to be used for filing a formal state complaint with the Florida Department of Education, when alleging that the school district has violated the educational rights of a student with disabilities, under the Individuals with Disabilities Education Act (IDEA 2004) and corresponding state requirements, as well as students who are gifted, according to state requirements.*

*** Required Fields Please print**

Date: _____

* Name of individual or organization filing the complaint: _____

* Address: _____

* City: _____ * State: _____ * Zip Code: _____

* Home Telephone # _____ Cell #: _____ Work #: _____

Email Address: _____

Best time to reach you: _____

* Student's Name: _____

Student's Age: _____ Student's Grade: _____ * Student's Exceptionality: _____

* Your relationship to the student: _____

* School Name: _____

* School District: _____

*** State Complaint:**

- I am alleging that (_____), school district, has violated state or federal requirements regarding the education of a student with disabilities or a gifted student.
- I understand I must include the facts that support my allegation(s).
- I also understand that the complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received by the Bureau.

*These are the facts that lead me to believe that there has been a violation of exceptional student education laws.

*This is the remedy or suggested solution I think would resolve this problem.

Check here if you have attached additional sheets.

Check here if you have included documents that support your facts.

I understand I will be contacted by the Bureau Staff assigned to my case, to:

- advise me of my rights to alternative resolution activities such as Early Resolution or Mediation
- clarify and review my complaint facts
- submit additional information or documentation to support my statement (if needed)

*Signature of Complainant

*Date

Please mail this complaint to your **ESE school district office** and:

**Monica Verra-Tirado, Ed.D., Chief
Bureau of Exceptional Education and Student Services
Florida Department of Education
325 West Gaines Street, Suite 614
Tallahassee, Florida 32399-0400**

Or you may fax it to: **(850) 245-0953**

Please call (850) 245-0476 if you have any questions.