

Due Process Complaint Notice

Today's Date: ____ - ____ - ____		Requested by: <input type="checkbox"/> Parent <input type="checkbox"/> LEA	
Name of Person Completing this Notice: _____		Relationship to Student: _____	Phone: _____ Ext _____
<b style="color: red;">It is your responsibility to notify the opposing party of your request for due process by sending to them a copy of this due Process complaint Notice at the same time it is filed with the Office for Dispute Resolution.			
Has the opposing party been provided a copy of this request? <input type="checkbox"/> Yes <input type="checkbox"/> No If you require special accommodations to participate in the due process hearing, you must contact the LEA with your special needs			
Student Information			
Last Name: _____		First Name: _____	Date of Birth: ____ - ____ - ____
			Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Exceptionality(ies): <u>Click and then choose one from list:</u>		<u>Click and then choose one from list:</u>	
LEA (Local Education Agency): <u>Eg., School District</u>		School Building Student Attends: <u>Eg., ABC Elementary School</u>	
Parent(s) Residing with Student			
Last Name: Parent's Last Name		First Name: Parent's First Name	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Home Phone: - -	Cell Phone: - -	Work Phone: - - Ext.	Fax: - -
Email:			
Preferred method of written correspondence: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax			
Last Name: 2nd Parent at same address		First Name:	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Home Phone: - -	Cell Phone: - -	Work Phone: - - Ext.	Fax: - -
Email:			
Preferred method of written correspondence: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax			
Parent/Student Address: Street, PO Box, Floor, Apartment .#, etc. and City / State / ZIP			
Parent Attorney: Full Name of Attorney		Attorney Phone: - - Ext	
Street, PO Box, Floor, Rm Number, etc.		Attorney Email:	
City / State / ZIP		Attorney Fax: - -	
Parent <u>Not</u> Residing with Student			
Last Name: Mother / Father not living w/student		First Name:	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father
Home Phone: - -	Cell Phone: - -	Work Phone: - - Ext	Fax: - -
Email:			
Preferred method of written correspondence: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax			
Parent Address: Street, PO Box, Floor, Apartment #, etc. and City / State / ZIP			
Parent Attorney: Full Name of Attorney		Attorney Phone: - - Ext	
Address: Street, PO Box, Floor, Rm Number, etc.		Attorney Email:	
City / State / ZIP		Attorney Fax: - -	

Local Education Agency (LEA) Information

I. LEA Contact

Last Name:	First Name:	Position Title: Principal/Superintendent, etc.
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Cell Phone: - -	Work Phone: - - Ext	Fax: - -	Email:
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Address:
Street, PO Box, Floor, Room, etc.

City / State / Zip

II. Superintendent/CEO:

Last Name:	First Name:	Position Title: Superintendent, CEO, Administrator, etc.
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Address: Street, PO Box, Floor, Room, etc.	Phone: - - Ext
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City / State / Zip

III. LEA Attorney: Attorney's Full Name	Attorney Phone: - - Ext
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	Attorney Email:
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Address:	Attorney Fax: - -
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Street, PO Box, Building, Room, etc.

City / State / Zip

IV. The Due Process Hearing will be held at the following address:

(Building Name, Address and Room Number/Name – to be completed by the LEA)

Building Name, Street Address, Room, etc.

City / State / ZIP

Hearing Location Contact and Phone No.: Enter contact person & phone here

Information About the Due Process Complaint Notice

A. Does your issue pertain to a Hearing Officer Decision which has not been implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(If yes, the Bureau of Special Education will be notified, and will investigate the matter. Due Process is not available when the issue pertains to non-implementation of a Hearing Officer Decision.)

B. Is this a request for an expedited hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please check one of the reasons below:

Disciplinary (drugs/weapons) ESY (Extended School Year)

Check here if Student is in the ESY Target Group

C. The law states that a party may not have a due process hearing until a Due Process Complaint Notice is filed, which meets all of the legal requirements. An opposing party may challenge the sufficiency of the Due Process Complaint Notice if it is lacking sufficient information. You must describe the nature of the problem giving rise to this request for due process, including as many facts to support your position as possible. You must also provide a proposed resolution of the problem to the extent known and available to you. You may attach a separate sheet of paper if you need more space:

Nature of the problem: Please enter the nature of the problem here. If you do not have enough space, please continue in the next block on the next page.

Nature of the problem (*continued*): Continued from previous page.

Proposed Resolution: *Please type the proposed resolution to the problem below.*

If you know the opposing side's position on this matter, you may provide it here, although it is not required by law:

D. Prior to a due process hearing taking place, the law requires the parties to participate in a Resolution Session, unless both sides agree in writing to waive this requirement. Please complete the following information:

1. A Resolution Meeting to discuss these issues is scheduled for: **mm-dd-yyyy** (Date)
2. A Resolution Meeting was held on: **mm-dd-yyyy** (Date)
3. Participation in the Resolution Meeting was waived by both parents and the LEA in writing on: **mm-dd-yyyy** (Date)
4. In lieu of a Resolution Meeting, I am requesting mediation*.

*** If #4 is checked, the ODR Mediation Case Manager will be in contact with the parties.**

Please save a copy of this form and MAIL, EMAIL or FAX a copy of this form to the opposing side.

Please EMAIL this form as an attachment to the **Office for Dispute Resolution: odr@odr-pa.org.**

You will be contacted by a Case Manager from ODR upon receipt of this Due Process Complaint Notice.

Additional information about due process is available by accessing the website at **www.odr-pa.org** and the **Special Education Dispute Resolution Manual**.

Parents may also contact the **Special Education ConsultLine**, a Parent Help Line, for information on procedural safeguards and due process: 800-879-2301.
