Rhode Island Department of Elementary & Secondary Education
SPECIAL EDUCATION COMPLAINT FORM

Instructions
This form is to be completed by the person filing a complaint for a violation of special education laws or regulations on behalf of a child eligible under the IDEA and Rhode Island Special Education Regulations. For information on the appropriateness of this complaint please consult the Rhode Island Department of Education web site at www.ride.ri.gov or call the Rhode Island Department of Education, Office of Special Populations at (401) 222-8999. Please complete all requested information and mail this completed form to:

Rhode Island Department of Education
Office of Special Populations
255 Westminster Street
Providence, RI 02903

PERSON FILING COMPLAINT:
_____

ADDRESS: _____
Street City/Town State Zip Code

TELEPHONE/FAX/CELL:
_____

RELATIONSHIP TO STUDENT:
_____

STUDENT'S NAME: _____ **DATE OF BIRTH:** _____

SCHOOL AND GRADE LEVEL:
_____

If the parent is not filing this complaint, please provide the following information if available:

PARENT'S NAME: _____ **Phone:** _____

ADDRESS:
_____
Street **City/Town** **State** **Zip Code**

State the nature of the complaint including specific dates and instances of special education violations. You may attach additional sheets or continue on the back of this form.

Has the school been made aware of this complaint? Yes No (circle one)
List school district personnel who have been notified of this complaint:
_____
Describe when and how school district personnel were notified (in writing, verbally, etc.)**:**
_____

SIGNATURE: _____ **Print Name:** _____ **DATE:** _____

(revised 8/06)