

Due Process Complaint

Under the Individuals with Disabilities Education Act (IDEA)

A parent or public agency (i.e., a school district, a board of cooperative services ("BOCES"), a state operated program) may file a due process complaint on any matter which alleges: a violation of IDEA with respect to the proposal or refusal to initiate or change the identification, evaluation, or educational placement of the child or the provision of a Free Appropriate Public Education (FAPE) to the child. A due process complaint may also be filed against a parent in limited circumstances or a public agency (i.e., a school district, BOCES, state-operated program, or the Colorado Department of Education).

Use of this form is *not* required.

Date: _____

This complaint is filed by (check one):

- Parent of the child (please print) _____
- the Public Agency (School District, BOCES, or State Operated Program) (please print) _____

The responding party is (check one):

- Parent of the child (please print) _____
- the Public Agency (School District, BOCES, State Operated Program or CDE) (please print) _____

Filing Instructions:

- **This complaint and all attachments must be filed with the other party** - the Director of Special Education (for the School District, BOCES, State Operated Program, or CDE) or the Parent. If you are unsure of the Special Education Director, please call the Colorado Department of Education at 303-866-6694.

- **A copy of this complaint and all attachments must also be mailed or faxed to:**

Colorado Department of Education (CDE)
Exceptional Student Services Unit, Dispute Resolution Office
201 E. Colfax Ave., Room 402, Denver, CO 80203
Or Fax: 303-866-6767 Attn: Dispute Resolution

NOTE: CDE does not accept electronic filing (e-mail) of complaints.

Parent(s) name (optional)

Director of Special Education (optional)

Address (optional)

School District, BOCES, State Operated Program, or
CDE

_____, CO _____
City (optional) Zip (optional)

ph # (_____)_____-_____(optional)

email address _____(optional)

This complaint is filed on behalf of:

Child's name

School the student attends

Child's address (if different from the parent's address)

_____, CO _____
City Zip

Optional information: If you would like to provide contact information for your attorney or advocate, please indicate below:

Attorney or Advocate's Name (check one)

phone # (____)____-_____

fax # (____)____-_____

Address

_____, CO _____
City Zip

Also, please check if either of the following apply:

This complaint is based on Suspension/Expulsion or a Manifestation Determination.

Please describe a) the nature of the problem, b) the specific date the problem began, and c) the relevant facts relating to the problem (attach additional pages if necessary):

Please describe how this problem could be resolved, to the extent known (attach additional pages if necessary):
