

**Virginia Department of Education
Department of Special Populations
Office of Dispute Resolution
P.O. Box 2120
Richmond, Virginia 23218-2120
Telephone: (804) 750-8143
Email: ODRAS@doe.virginia.gov**

STATE SPECIAL EDUCATION COMPLAINT FORM

Revised May 2024

Complete the requested information on the lines below. Please type or write legibly a response to each question, then sign and date the form.¹ An asterisk (*) indicates required information. Student address, name, and name of school are only required for allegations with respect to a specific child.

1. *Name of Person Filing the Complaint²:

Relationship to Student (Check one below):

Parent

Other

Attorney

Advocate

*Mailing Address:

Email Address (*Required if parent wishes to exchange information electronically):

*Telephone Number (include Area Code):

Home:

Office:

¹ This form is not required, but complaints must be in writing and include all the same details identified with an asterisk (*) on this form.

² If the complaint relates to a named child, and the person filing the complaint is not the child's parent, or if the child has reached the age of majority (18 years of age in Virginia), this complaint should include consent for the release of information, signed by the child's parent or the child if age 18 or older, to the complainant before any information will be shared with that individual. **The Virginia Department of Education shall determine on a case-by-case basis what information must be withheld when resolving a complaint filed by someone other than the child's parent when the parent has not consented to the release of the child's personally identifiable information.**

2. *Full Name of Student:

*School the Child is Attending:

School Division:

*Student's Residence Address³:

Student Disability:

3. *Indicate subject(s) the complaint involves, and provide a description of the nature of the problem, including facts relating to the problem. Give a brief summary of what you allege to be the violation(s) of the special education regulations and the facts on which your statement is based. Use additional sheets, if needed.
4. List persons you have already talked with to resolve this complaint, and include their response(s) to your request.
5. List and number specific areas of concern, if applicable, and include dates, where available. **(Note: Complaints must address an action that occurred not more than one year prior to the date the complaint is received by the Virginia Department of Education (VDOE)).**

³ In case of a homeless child or youth, please include any available contact information for the child and the name of the school the child is attending.

Note: We recommend that you include any documentation that supports your allegation(s) as an attachment to this form. Should audio recordings (CD or cassette tape) or video recordings (DVD or videotape) be submitted to support an allegation(s), please provide a reference, either in the complaint document or on the recording label, as to where on the recording (e.g., timestamp) the supporting information is located.

6. *Provide a proposed resolution of the problem to the extent known and available.⁴
7. **To satisfy the sufficiency standards established by federal and state regulations for processing a state complaint, a copy of this complaint must be simultaneously submitted to the school division.** Select one of the following checkboxes to indicate if this requirement has been met:

YES NO

*Signature of Person Filing the Complaint (Required)

Date

MEDIATION

Mediation is offered at no cost to parties to the complainant and school personnel. Mediation is encouraged and may be beneficial in your case. Please be advised, however, that mediation is a voluntary system for resolving disputes. Both parties must agree to mediate their issues prior to the initiation of the mediation process. Additional information regarding mediation is available on the VDOE website at [Special Education Mediation](#).

Using the following checkboxes, please indicate your interest in mediation as an option for resolving your complaint issues.

I am interested in learning more about mediation.

I am interested in mediation as an option for resolving my complaint issues.

I decline mediation.

Submit this form to ODRAS@doe.virginia.gov or to the VDOE mailing address listed on the first page.

⁴ Proposed resolutions are intended in part to assist the complainant and public agency in reaching an early resolution of the complaint. Any corrective action that may be required in connection with the complaint is within the discretion of the VDOE. Certain actions that may be suggested, such as discipline or termination of school division personnel, are not within the VDOE's authority.