

DUE PROCESS COMPLAINT NOTICE – PARENT

To: _____
(SCHOOL SUPERINTENDENT)

(SCHOOL DISTRICT)

Address: _____

CHILD'S INFORMATION

Child's Name: _____ School: _____
Address of Child's _____ Current Grade/
Residence: _____ Placement: _____
_____ Date of Birth: _____
_____ Disability: _____

DUE PROCESS REQUEST

NAME OF PARENT/GUARDIAN AND ANY ATTORNEY REPRESENTING THE CHILD

Name of Parent _____ Name of Attorney: _____
or Guardian: _____
Address: _____ Business Address: _____

Telephone: _____ Telephone: _____
Fax: _____ Fax: _____
E-mail: _____ E-mail: _____

Describe the nature of the problem(s) of the child relating to the proposed initiation or change of identification, evaluation, placement, or appropriateness of the education of your child, including specific facts relating to such problem(s) which make this hearing necessary. (Attach additional pages if necessary.) _____

A proposed resolution of the problem(s) to the extent known and available to the party. _____

Parents have the right to request mediation to resolve the problem(s). Such participation is voluntary. Please contact the school or the Oklahoma State Department of Education at (405) 521-3351 for further information. The due process hearing timeline does not begin until the complaint notice, completed in accordance with all requirements, is received by both the school and the Oklahoma State Department of Education, Special Education Services. A copy of the notice must be mailed or faxed to:

Oklahoma State Department of Education
Attn: Special Education Services
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4599
Fax: (405) 522-3503

Signature: _____

Date _____