

NOTICE OF ADMINISTRATIVE COMPLAINT

The use of this form is optional – If this form is not used, please include necessary areas of this document in your complaint. If the complaint is not related to a specific child, addressing a proposed solution is not required. To file an administrative complaint send the signed and dated, complete complaint to:

EED Special Education Dispute Resolution
801 West 10th Street, Suite 200, P.O. Box 110500
Juneau, Alaska 99811-0500
Fax: (907) 465-2806 - Email: sped@alaska.gov

When filing the complaint, forward a copy of the complaint to the school district or public agency serving the child at the same time you file the complaint with the Alaska Department of Education and Early Development.

Alaska regulation 4 AAC 52.500: “An organization or parent or other individual may file with the department an administrative complaint alleging that a district or other public agency has violated a requirement of AS 14.30.180 - 14.30.350, this chapter, 20 U.S.C. 1400 - 1482 (Individuals with Disabilities Education Act), or a regulation adopted under 20 U.S.C. 1400 - 1482. However, only a parent may file a complaint alleging that a district has failed to implement a due process hearing decision issued under AS 14.30.193. The violation alleged in the administrative complaint must have occurred not more than one year before the date that the administrative complaint is received by the department. An administrative complaint may allege a systemic violation, a violation of the rights of a specific child, or both.”

1. STUDENT & COMPLAINANT INFORMATION

SECTION 1 INSTRUCTIONS:

- *IF THIS IS NOT RELATED TO A SPECIFIC STUDENT, ONLY THE FOLLOWING SECTIONS ARE REQUIRED TO BE COMPLETED: SCHOOL DISTRICT/PUBLIC AGENCY, AND COMPLAINANT INFORMATION.*
- *IF THIS IS A CHILD SPECIFIC COMPLAINT ONLY THE FOLLOWING SECTIONS NEED TO BE COMPLETED: STUDENT’S NAME, STUDENT’S ADDRESS, SCHOOL OR PROGRAM, AND COMPLAINANT INFORMATION.*

STUDENT’S NAME	STUDENT’S ADDRESS
FIRST NAME:	ADDRESS:
LAST NAME:	CITY:
MIDDLE INITIAL:	STATE: ZIP:

SCHOOL DISTRICT OR PUBLIC AGENCY	SCHOOL OR PROGRAM
DISTRICT OR AGENCY NAME:	SCHOOL NAME:
	POINT OF CONTACT: (OPTIONAL)
	POINT OF CONTACT PHONE:

COMPLAINANT	COMPLAINANT’S ADDRESS (IF DIFFERENT)
NAME:	ADDRESS:
PHONE:	CITY:
EMAIL:	STATE: ZIP:

2. PROBLEM AND RELATED FACTS

SECTION 2 INSTRUCTIONS:

- REQUIRED FOR ALL COMPLAINTS

Describe the problem with the student's special education program, including any known violation of Alaska or federal law or regulation. Describe any relevant, specific actions the district or public agency has taken or refused to take. If not related to a specific child, describe the problem with the public agency, including any known violation of Alaska or federal law or regulation and the fact(s) on which the statement is based.

3. PROPOSED SOLUTION

SECTION 3 INSTRUCTIONS:

- REQUIRED FOR A CHILD SPECIFIC COMPLAINT

Describe what you think needs to be done to solve the problem, if you know or have any specific ideas at this time.

SIGNATURE (REQUIRED): _____ DATE: _____