



Model Form: IDEA State Complaint

This form may be used to file a state complaint with the Iowa Department of Education.

In this process, an individual or organization who believes a school district (LEA), Area Education Agency (AEA), State Education Agency (SEA), or other public agency has violated a requirement of the Individuals with Disabilities Education Act ("IDEA") and/or the Iowa Rules of Early ACCESS or Special Education may file a state complaint with the Iowa Department of Education. The complaint must be submitted in writing and include a description of the problem and a proposed resolution. The following model form may be used to submit a complaint. The Department will then conduct an independent investigation and issue a finding within 60 calendar days of receiving the complaint. If it is determined that the public agency is in violation of the law, the Department will issue corrective action.

To file your complaint, send copies to:

- (1) the LEA(s), AEA(s) or other public agency involved, and
- (2) the Iowa Department of Education at ideadisputeresolution@iowa.gov or Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-0146

You may either use this form or submit a written signed statement that includes the required information below. Please attach additional documents as needed. The use of an asterisk (*) indicates the information is required.

Complainant Information

I am filing a state complaint. I request an investigation by the Iowa Department of Education. I allege the violation of a requirement of the IDEA, its implementing regulations, and/or Iowa special education law.

*Name: _____ Role/Agency: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Telephone: _____ E-mail (if available): _____

Do you elect to receive notices and communications via email? Yes No. (If no, all notices and communications will be sent via U.S. mail.)

If yes, what email address would you like notices and communications sent to? _____

*Is this Complaint about a specific child? Yes No.

If yes, please fill out the following information:

*Child's Name: _____ Alternate Name, if applicable: _____

Child's Date of Birth: _____



*Child's Address: _____

*City: _____ *State: _____ *Zip: _____

Is the child "homeless?" Yes No.

If so, provide contact information for the child: _____

If the child is age 3 or above, the School District where child **lives**: _____

Address: _____

City: _____ State: _____ Zip: _____

If the child is age 3 or above, the School District where child **attends**: _____

Address: _____

City: _____ State: _____ Zip: _____

If the child is age 3 or above, name of **school building** that child attends: _____

For **Early ACCESS** (ages birth to 3), the AEA that provides services for the child: _____

1. *The nature of the problem:

2. *The facts of the case relating to the problem:

3. *Your proposed resolution to the problem:

*Did this alleged violation occur not more than one year prior to the date the Iowa Department of Education received this complaint? Yes No.



Is this form completed by someone other than the parent? Yes No.

If yes, please provide the name and contact information for the parent(s).

Is there someone else not listed on this form who is the child's parent or guardian? Yes No.

If yes, please provide that person's name, contact information, and relationship to the child.

The law requires the parties to a complaint be provided an opportunity to engage in mediation.

IAC 281-41.152(1)(c)(2); IAC 120.430(2).

Are you interested in engaging in mediation? Yes No.

*Signature of Complainant: _____ Date: _____

I confirm that a copy of this complaint has been provided to the named LEA, AEA or public agency serving the child.