Rhode Island Department of Elementary & Secondary Education SPECIAL EDUCATION COMPLAINT FORM

Instructions

This form is to be completed by the person filing a complaint for a violation of special education laws or regulations on behalf of a child eligible under the IDEA and Rhode Island Special Education Regulations. For information on the appropriateness of this complaint please consult the Rhode Island Department of Education web site at www.ride.ri.gov or call the Rhode Island Department of Education, Office of Special Populations at (401) 222-8999. Please complete all requested information and mail this completed form to:

Rhode Island Department of Education Office of Special Populations 255 Westminster Street Providence, RI 02903

PERSON FILING COMPLAINT:				
ADDRESS:				
St	treet	City/Town	State	Zip Code
TELEPHONE/FA>	X/CELL:			
RELATIONSHIP 1	TO STUDENT	:		
STUDENT'S NAM	1E:		DATE OF BIRTH	:
SCHOOL AND GF	RADE LEVEL	:		
If the parent is no	ot filing this o	omplaint, please provide	the following information	on if available:
PARENT'S NAME	: :		Phone:	
ADDRESS:				
	treet	City/Town	State	Zip Code
State the nature	of the com	City/Town plaint including specific Iditional sheets or contin	dates and instances of	of special education
State the nature violations. You note that the school districts	of the commay attach ac	plaint including specific	dates and instances of the on the back of this for es No (circle one) of this complaint:	of special educationm.

(revised 8/06)