

TO: Complaints Management Program
Monitoring and Compliance Office
P. O. Box 2360
Honolulu, HI 96804
Phone: 808-853-0261

Name of Student _____

Date of Birth _____

Name of Current School _____

DOE School (if different) _____

FROM:

Print Name (Complainant) _____

Check one: Parent/Legal Guardian
 Other: _____

This student has a pending due process hearing:
Check one: Yes
 No

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address _____

A violation occurred not more than one year prior to the date of this written complaint.

Check one: Yes
 No

IDEA/Chapter 60 Violation: check applicable boxes

- IDENTIFICATION: Referral process prior to evaluation or determination of eligibility
- EVALUATION: Activities involved in information gathering to determine special education eligibility and/or the extent of special education/modifications and related service needed by the student
- PLACEMENT: The educational setting for the implementation of the IEP
- PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION: Activities/services related to the IEP
- FAILURE TO IMPLEMENT DUE PROCESS HEARING DECISION

In the space below, or on attached sheet(s), please describe the nature of the problem, including related facts. Be specific.

FOR OFFICE USE

DISTRIBUTION: Complex Area Superintendent
District Educational Specialist
Principal

(continued)

In the space below, or on attached sheet(s), please describe the nature of the problem, including related facts. Be specific.

Proposed Resolution: check applicable boxes

- Request IEP meeting
- Provide _____ services as listed in the IEP dated _____
- Provide _____ modifications/accommodations as listed in the IEP dated _____

Other:

check applicable boxes

- YES NO I have attached documents that support my allegations.
- YES NO I am an adult student without guardianship and can file a written complaint.
- YES NO The Student is not an adult. I am the parent or legal guardian who has not had his/her parental rights terminated.
- YES NO Please schedule mediation to resolve these concerns.

Signature of Complainant

Date

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IDEA Written Complaint Form
Revised 09/9/18
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