



HAWAII STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION
STATE WRITTEN COMPLAINT FORM

This form is optional. The asterisked (\*) information is required for the state complaint to be processed.

Student Information (required if you are alleging violation with respect to a specific student)

TO: Complaints Management Program
Monitoring and Compliance Branch
P.O. Box 2360
Honolulu, HI 96804
Phone: (808) 307-3600
Email: specialedcomplaints@k12.hi.us

\*Name of Student

Date of Birth

\*Complaint Contact Information (Complainant)

\*Name of Current School

FROM:

\*Student's Residential Address\*\* (if applicable)

\*Print Name

Check one: [ ] Parent/Legal Guardian
[ ] Other:

City State Zip Code

\*Phone Number

\*\*If the student is a homeless student or youth, please provide the student's contact information.

\*Email Address

Check All Applicable

- [ ] Yes [ ] No Alleged violation occurred not more than one (1) year prior to the date of this written complaint.
[ ] 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 I am a parent acting as a legal guardian or legal advocate of an adult student.
[ ] Yes [ ] No I would like to schedule mediation to resolve these concerns.
[ ] Yes [ ] No The student has a pending due process hearing.

Individuals with Disabilities Education Act (IDEA)/Hawaii Administrative Rules (HAR) Chapter 60 Violation:

Check All Applicable

- [ ] 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 and related service(s) needed by the student
[ ] PLACEMENT: The educational setting for the implementation of the Individualized Education Program (IEP)
[ ] PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION: Activities/services related to the IEP
[ ] FAILURE TO IMPLEMENT DUE PROCESS HEARING DECISION
[ ] OTHER IDEA/HAR CHAPTER 60 RELATED VIOLATION

**\*Alleged Violation(s):** Please describe the nature of the problem(s). Attach additional pages if necessary. Be specific.

**\*Statement of Facts:** Provide facts to support the statement of the alleged violation(s). Describe the relevant events, including dates, and documents that support the alleged violation(s).

**Proposed Resolution:** Describe a proposed resolution of the problem(s) to the extent known.  
\*Required if violation(s) is about a specific student and known at the time of filing this complaint.

Yes  No I have attached documents that support the alleged violation, statement of facts, and/or proposed resolution.

\_\_\_\_\_  
\*Signature of Complainant

\_\_\_\_\_  
\*Date