MISSISSIPPI DEPARTMENT OF EDUCATION
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Due Process Request

Request For Due Process Hearing Under Part B of the Individuals with Disabilities Education Act 2004

The use of an asterisk (*) indicates information required per Federal regulation for the filing of an IDEA State Complaint

Person Filing the State Complaint (Complainant)

*Name: _____ *Phone Number: _____ Email: _____
Optional

*Address: _____ *City: _____ *State: ____ *Zip Code: _____

Relationship to Student: ___ Parent ___Attorney ___Advocate ___ Self ___Other _____
Optional Indicate relationship

_____ _____ _____
* Complainant Signature Name of Organization if applicable * Date

Student Information

*Name: _____ Date of Birth (optional): _____

*Home Address: _____ *City: _____ *State: ____ *Zip Code: _____
(If different from above)

*Name of the Public Agency the Student is Attending: _____

*Provide a detailed summary of the problem or issue. Dates and facts are important.

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Provide the regulation(s) you believe the School District/Public Agency has violated. (optional)

Please indicate your efforts to resolve the situation:

____ Yes, I have talked with the public agency personnel about my concerns.

____ No, I have not talked with the public agency personnel about my concerns.

If yes, please provide who you spoke with and when. (optional)

____ Yes, I have attended an IEP meeting to discuss my concerns.
____ No, I have not attended an IEP meeting to discuss my concerns.

If yes, please provide meeting date(s) and attendees. (optional)

***Provide a proposed resolution of the situation to the extent known and available at this time:**

Please mail or fax this form to:

The Mississippi Department of Education
Attention: Office of Dispute Resolution
359 N. West Street
Suite 301
Jackson, MS 39201
Phone: (601) 359-3498
Fax: (601) 359-1829

Note: This is a model form. Another form conveying the required information to the Office of Special Education may be used.