MISSISSIPPI DEPARTMENT OF EDUCATION
Ensuring a bright future for every child

Formal State Complaint

Under Part B of the Individuals with Disabilities Education Act 2004 Amendments

A complaint process can be used when you believe a public agency **violated a requirement** of Part B of the Individuals with Disabilities Education Act (IDEA) or State Policies Regarding Children with Disabilities (State Board Policy 74.19). Please provide a copy of the complaint to the public agency serving the student at the same time as the complaint is filed with the Mississippi Department of Education. For homeless students, provide all available contact information and the name of the school the child is attending.

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: _____

***The Public Agency the Complaint is Filed Against**

Name of Public Agency: _____

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

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

Please indicate your efforts to resolve the situation: (optional)

____ 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 of conveying the required information to the Office of Special Education may be used.

* The term public agency refers to all school districts and other agencies.