



Due Process Complaint

*indicates a required field

Basic Information			
<input type="checkbox"/> IDEA	<input type="checkbox"/> IDEA & Gifted Education	<input type="checkbox"/> Gifted Education	<input type="checkbox"/> Section 504
*Today's Date:		*Requested by: <input type="checkbox"/> Parent <input type="checkbox"/> LEA	
*Name/Email of Person Completing this Request:	*Relationship to Student:	*Phone:	
Hearing Preference: <input type="checkbox"/> In Person <input type="checkbox"/> Virtual (Choose only one)			
Please send a copy of the completed Due Process Complaint to the opposing party at the same time it is filed with the Office for Dispute Resolution.			
If you require special accommodations to participate in the due process hearing, you must notify the LEA.			

Student Information			
*Last Name:	*First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Exceptionality:		Exceptionality:	
*LEA (Local Education Agency) – if known		*School Building Student Attends:	

Parent(s) Residing with Student			
*Last Name:	*First Name:	*Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
*Home Phone:	Cell Phone:	Work Phone:	Email:
Preferred method of written correspondence: <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail			
Last Name:	First Name:	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Home Phone:	Cell Phone:	Work Phone:	Email:
Preferred Method of written correspondence: <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail			
*Parent(s)/Student Address:			
Parent Attorney (if represented):		Attorney Phone:	
Attorney Address:		Attorney Email:	

Parent(s) Not Residing with Student

Last Name:		First Name:		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father	
Home Phone:	Cell Phone:	Work Phone:	Email:		
Preferred method of written correspondence:				<input type="checkbox"/> Email	<input type="checkbox"/> U.S. Mail
Parent Address:					
Parent Attorney (if represented):			Attorney Phone:		
Attorney Address:			Attorney Email:		

Local Education Agency (LEA) Information**I. LEA Contact Person Information**

Last Name:		First Name:		Position Title:
Cell Phone:		Work Phone:		Email:
Address:				

II. Superintendent/CEO

Last Name:		First Name:		Position Title:
Address:		Phone:		

III. LEA Attorney

Attorney Phone:		Attorney Email:
Attorney Address:		

IV. The due process hearing will be held at the following address:

(Building Name, Address and Room Number/Name – to be completed by the LEA)

Note: The hearing will be held at a time and place reasonably convenient to parents and child involved. For gifted education cases, the hearing will be held in the school district at a place reasonably convenient to the parents and, at the request of the parents, may be held in the evening.

Information About the Due Process Complaint (IDEA Cases only)

A. Does your issue pertain to a hearing officer decision which has not been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(If yes, the Bureau of Special Education will be notified, and will investigate the matter. Due process is not available when the issue pertains to non-implementation of a hearing officer's decision.)</i>	
B. Is this a request for a hearing based on a disagreement about:	
<input type="checkbox"/> Discipline	<input type="checkbox"/> ESY (Extended School Year)
<input type="checkbox"/> Check here if student is in the ESY target group	

Information About Due Process Complaint (All Cases)

You may use this form to explain the nature of your dispute, or you may attach a separate piece of paper containing this information.

*What is the dispute about? Please include facts in your description.

*How would you like to see this resolved? What are you seeking?

If you know the other side's position about this problem, please describe it here.

Resolution Meeting (IDEA Cases only)

Prior to a due process hearing taking place, if the parent filed the process complaint, the law (34 CFR §300.510) requires the parties to participate in a resolution meeting, unless both sides agree in writing to waive this requirement. Please completed the following information:

1. A resolution meeting to discuss these issues is scheduled for: (Date)

2. A resolution meeting was held on: (Date)

3. Participation in the resolution meeting was waived by both parties and the LEA in writing on:

4. In lieu of a resolution meeting, I am requesting mediation. (Date)

If #4 is checked, an ODR mediation case manager will be in contact with the parties.

An ODR staff member will confirm receipt of complaint and provide case manager and hearing officer information.

Additional information about due process is available on the ODR website, www.odr-pa.org, or by calling the Special Education ConsultLine (800-879-2301).



Malalamiko ya Usikilizaji wa Kesi

*inaonyesha sehemu
inayohitajika

Maelezo Msingi			
<input type="checkbox"/> IDEA	<input type="checkbox"/> IDEA & Elimu ya Wenye Vipawa	<input type="checkbox"/> Elimu ya Wenye Vipawa	<input type="checkbox"/> Sehemu ya 504
*Tarehe ya Leo:		*Imeombwa na: <input type="checkbox"/> Mzazi <input type="checkbox"/> LEA	
*Jina/Barua pepe ya Mtu Anayekamilisha Ombi hili:	*Uhusiano na Mwanafunzi:	*Simu:	
Upendeleo wa Kusikia: <input type="checkbox"/> Ana kwa Ana <input type="checkbox"/> Mtandaoni (Chagua moja pekee)			
Tafadhali tuma nakala ya Malalamiko ya Usikilizaji wa Kesi kwa mhusika anayepinga wakati ambapo inawasilishwa kwa Ofisi ya Utatuzi wa Mzozo.			
Iwapo unahitaji marekebisho maalum ili kushiriki katika usikilizaji wa kesi, lazima uarifu LEA.			

Maelezo ya Mwanafunzi			
*Jina la Mwisho:	*Jina la Kwanza:	Tarehe ya Kuzaliwa:	Jinsia: <input type="checkbox"/> Mwanaume <input type="checkbox"/> Mwanamke
Upekee:		Upekee:	
*LEA (Shirika la Mtaa la Elimu) – ikiwa linajulikana		*Shule Ambayo Mwanafunzi Anahudhuria:	

Wazazi Wanaoishi na Mwanafunzi			
*Jina la Mwisho:	*Jina la Kwanza:	*Uhusiano: <input type="checkbox"/> Mama <input type="checkbox"/> Baba <input type="checkbox"/> Mlezi	
*Simu ya Nyumbani:	Simu ya Mkononi:	Simu ya Kazini:	Barua pepe:
Mbinu inayopendekezwa ya mawasiliano ya maandishi:			
		Barua pepe <input type="checkbox"/>	Barua ya <input type="checkbox"/> Marekani
Jina la Mwisho:	Jina la Kwanza:	Uhusiano: <input type="checkbox"/> Mama <input type="checkbox"/> Baba <input type="checkbox"/> Mlezi	
Simu ya Nyumbani:	Simu ya Mkononi:	Simu ya Kazini:	Barua pepe:
Mbinu inayopendekezwa ya mawasiliano ya maandishi:			
		Barua pepe <input type="checkbox"/>	Barua <input type="checkbox"/> ya Marekani
*Anwani ya Mzazi/Mwanafunzi:			
Wakili wa Mzazi (ikiwa amewakilishwa):			Simu ya Wakili:
Anwani ya Wakili:			Barua pepe ya Wakili:

Wazazi Ambao Hawaishi na Mwanafunzi

Jina la Mwisho:	Jina la Kwanza:	Uhusiano: <input type="checkbox"/> Mama <input type="checkbox"/> Baba	
Simu ya Nyumbani:	Simu ya Mkononi:	Simu ya Kazini:	Barua pepe:
Mbinu inayopendekezwa ya mawasiliano ya maandishi: <input type="checkbox"/> Barua pepe <input type="checkbox"/> Barua pepe ya Marekani			
Anwani ya Mzazi:			
Wakili wa Mzazi (ikiwa amewakilishwa):		Simu ya Wakili:	
Anwani ya Wakili:		Barua pepe ya Wakili:	

Maelezo ya Shirika la Mtaa la Elimu**I. Maelezo ya Mwasiliani wa LEA**

Jina la Mwisho:	Jina la Kwanza:	Cheo:
Simu ya Mkononi:	Simu ya Kazini:	Barua pepe:
Anwani:		

II. Msimamizi/CEO

Jina la Mwisho:	Jina la Kwanza:	Cheo:
Anwani:		Simu:

III. Wakili wa LEA

Simu ya Wakili:	Barua pepe ya Wakili:
Anwani ya Wakili:	

IV. Usikilizaji wa Kesi utafanyika katika anwani ifuatayo:*(Jina la Jengo, Anwani na Nambari/Jila la Chumba/Jina – kukamilishwa na LEA)*

Kumbuka: Usikilizaji wa kesi hiyo utafanyika wakati na mahali ambapo inafaa kwa wazazi na mtoto anayehusika. Kwa kesi za elimu ya wenye vipawa, usikilizaji wa kesi hiyo utafanyika katika wilaya ya shule, mahali ambapo inafaa kwa wazazi na, kwa ombi la wazazi, inaweza kufanyika jioni.

Maelezo Kuhusu Malalamiko ya Usikilizaji wa Kesi (Kesi za IDEA pekee)

A. Je, suala lako linahusu uamuzi wa afisa wa usikilizaji ambao haujatekelezwa?	<input type="checkbox"/> Ndiyo <input type="checkbox"/> Hapana
<i>(Ikiwa ndiyo, Ofisi ya Elimu Maalum itajulishwa, na itachunguza suala hilo. Usikilizaji wa Kesi haupatikani wakati suala linahusiana na uamuzi wa afisa wa usikilizaji kutotekelezwa.)</i>	
B. Je, hili ni ombi la kusikilizwa kwa msingi wa kutokubaliana kuhusu:	<input type="checkbox"/> Nidhamu <input type="checkbox"/> ESY (Mwaka wa Shule Uliongezwa)
<input type="checkbox"/> Tia alama hapa ikiwa mwanafunzi yuko katika kundi la ESY la wanaolengwa	

Maelezo Kuhusu Usikilizaji wa Kesi (Kesi Zote)

Unaweza kutumia fomu hii kueleza hali ya mzozo wako, au unaweza kuambatisha karatasi tofauti iliyo na

*Mzozo unahusu nini? Tafadhali jumuisha mambo ya hakika katika maelezo yako.

*Je, ungependa kuona hili likitatuwa kwa namna gani? Unatafuta nini?

Ikiwa unajua msimamo wa mhusika mwingine kuhusu tatizo hili, tafadhali eleza hapa.

Mkutano wa Utatuzi (Kesi za IDEA pekee)

Kabla ya usikilizaji wa kesi kufanyika, ikiwa mzazi aliwasilisha malalamiko ya mchakato huo, sheria (34 CFR §300.510) inazitaka wahusika kushiriki katika mkutano wa utatuzi, isipokuwa wahusika wote wakubaliane kwa maandishi kutojumuisha hitaji hili. Tafadhali kamilisha maelezo yafuatayo:

- | | |
|--|----------|
| 1. Mkutano wa utatuzi wa kujadili masuala haya umepangwa mnamo: | (Tarehe) |
| 2. Mkutano wa maazimio ulifanyika mnamo: | (Tarehe) |
| 3. Ushiriki katika mkutano wa utatuzi uliondolewa na wahusika wote na LEA kwa maandishi mnamo: | |
| 4. Badala ya mkutano wa utatuzi, ninaomba upatanishi. <input type="checkbox"/> | (Tarehe) |

Ikiwa #4 imetiwa alama, msimamizi wa kesi ya upatanishi wa ODR atawasiliana na wahusika.

Mfanyakazi wa ODR atathibitisha kuwa amepokea malalamiko na kumpa meneja wa kesi na afisa anayesikiza maelezo.

Maelezo ya ziada kuhusu usikilizaji wa kesi yanapatikana kwenye tovuti ya ODR, www.odr-pa.org, au kwa Kupiga Simu ya Moja kwa Moja ya Elimu Maalum (800-879-2301).