



## 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)			
<b>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.</b>			
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:
<b>Preferred method of written correspondence:</b> <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:
<b>Preferred Method of written correspondence:</b> <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:		
<b>Preferred method of written correspondence:</b>				<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](http://www.odr-pa.org), or by calling the Special Education ConsultLine (800-879-2301).



## 正当程序投诉

\*表示必填字段

基本信息			
<input type="checkbox"/> IDEA	<input type="checkbox"/> IDEA 和资优教育	<input type="checkbox"/> 资优教育	<input type="checkbox"/> 第 504 节
*今天的日期:		*请求者:	<input type="checkbox"/> 父母 <input type="checkbox"/> LEA
*完成此请求的人员的姓名/电子邮件:		*与学生的关系:	*电话:
听证会偏好: <input type="checkbox"/> 面对面 <input type="checkbox"/> 虚拟 (仅选择其中一个)			
<b>请在向争议解决办公室提交时, 将已完成的正当程序投诉的副本发送给对方。</b>			
如果您需要特殊通融条件才能参加正当程序听证会, 则必须通知 LEA。			

学生信息			
*姓:	*名:	出生日期:	性别: <input type="checkbox"/> 男 <input type="checkbox"/> 女
特殊性:		特殊性:	
*LEA (当地教育机构) - 如果知道的话		*学生所就读的学校大楼:	

与学生同住的父母			
*姓:	*名:	*关系: <input type="checkbox"/> 妈妈 <input type="checkbox"/> 爸爸 <input type="checkbox"/> 监护人	
*家庭电话:	手机:	工作电话:	电子邮件:
<b>首选书面通信方法:</b> <input type="checkbox"/> 电子邮件 <input checked="" type="checkbox"/> 美国邮政			
姓:	名:	*关系: <input type="checkbox"/> 妈妈 <input type="checkbox"/> 爸爸 <input type="checkbox"/> 监护人	
家庭电话:	手机:	工作电话:	电子邮件:
<b>首选书面通信方法:</b> <input type="checkbox"/> 电子邮件 <input checked="" type="checkbox"/> 美国邮件			
*家长/学生地址:			
家长律师 (如有代表的话):		律师电话:	
律师地址:		律师电子邮件:	

**不与学生同住的父母**

姓:	名:	关系:	<input type="checkbox"/> 妈妈 <input type="checkbox"/> 爸爸
家庭电话:	手机:	工作电话:	电子邮件:
首选书面通信方法:		<input type="checkbox"/> 电子邮件	<input checked="" type="checkbox"/> 美国邮政
家长地址:			
家长律师 (如有代表的话):		律师电话:	
律师地址:		律师电子邮件:	

**当地教育机构 (LEA) 信息****I. LEA 联系人信息**

姓:	名:	职位名称:
手机:	工作电话:	电子邮件:
地址:		

**II. 校监/首席执行官**

姓氏:	名字:	职位名称:
地址:		电话:

**III. 律师**

律师电话:	律师电子邮件:
律师地址:	

**IV. 正当程序听证会将在以下地址举行:**

(建筑物名称, 地址和房间号/名称-由 LEA 完成)

注意: 听证会将在对父母和孩子来说相当方便的时间和地点举行。对于资优教育案件, 听证会将在学区内家长方便的地点举行, 并应家长要求在晚上举行。

**有关正当程序投诉的信息 (仅限 IDEA 案件)**

A. 您的问题是否与尚未执行的听证官决定有关?  是  否

(如果是, 特殊教育局将收到通知, 并将调查此事。当争议涉及听证官的决定未得到执行时, 则没有正当程序。)

B. 这是否是基于对以下方面的分歧而提出的听证会请求:

纪律处分

学科 ESY (延长学年)

请勾选此处以显示学生是否属于延长学年 (ESY) 目标组

**有关正当程序投诉的信息（适用于所有案件）**

您可以使用此表格来解释您的争议有关的性质，或者您可以附上一张单独的纸，其中包含以下信息

\*争议是什么？请在您的描述中包含相关的事实。

\*您希望如何解决此争议？您期望获得什么结果？

如果您知道对方对这个问题的立场，请在这里进行描述。

**决议会议（仅限 IDEA 案件）**

在进行正当程序听证会之前，如果父母提出程序投诉，法律（34CFR § 300.510）要求双方参加决议会议，除非双方书面同意放弃这一要求。请填写以下信息：

- |   |      |
|---|------|
| 1. 为讨论这些问题安排了一次决议会议：                      | （日期） |
| 2. 就下列事项举行了决议会议：                          | （日期） |
| 3. 双方和LEA以书面形式放弃参加决议会议：                   |      |
| 4. 代替决议会议，我请求调解。 <input type="checkbox"/> | （日期） |

如果勾选了#4，ODR 调解案件经理将与各方联系。

将有一名ODR工作人员与您确认收到投诉，并向案件经理和听证官提供信息。

有关正当程序的其他信息，请登录ODR网站，[www.odr-pa.org](http://www.odr-pa.org)，或致电特殊教育咨询热线，该号码为800-879-2301。