



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
SPECIAL EDUCATION – COMPLIANCE

CHILD COMPLAINT-MODEL FORM

Directions

The party filing the complaint must forward a copy of the complaint to the public agency/school district serving the child at the same time the party files the complaint with the DESE. The violation must have occurred not more than one year prior to the date the complaint is received by the DESE.

MAIL completed form to: Missouri Department of Elementary and Secondary Education (DESE)
Division of Special Education Compliance
C/O Child Complaint Coordinator
Post Office Box 480
Jefferson City, MO 65102-0480

Or FAX to: (FAX) 573-526-4404

Contact Information

Agency/District Name		County	School of Attendance	
Child's Name	Disability (if known)		Age	Grade
Address		Is Child Homeless? Y N If yes, other contact information:		
City, State, & Zip				

Parent/Guardian Name:	Person filing the complaint (if different than Parent/Guardian)
Address:	Address:
City, State, & Zip:	City, State, & Zip:
Phone: Home	Phone: Home
Work	Work
Other (mobile phone and/or email address)	Relationship to Child:

The agency/district indicated above has violated state and federal regulations implementing the IDEA in the following area(s):
 Placement Evaluation Related Services IEP Due Process
 FERPA Discipline Other (Explain)

Description of the nature of the violation/problem, including facts relating to the violation/problem: (Additional pages may be attached)

Proposed resolution of the problem to the extent known and available: (Additional pages may be attached)

Signature of Person filing Complaint	Date
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