

Due Process Complaint Notice

Today's Date: _____

Requested by: Parent LEA

Name of Person Completing this Notice: _____

Relationship to Student: _____

Phone: _____

It is your responsibility to notify the opposing party of your request for due process by sending to them a copy of this Due Process Complaint Notice at the same time it is filed with the Office for Dispute Resolution.

Has the opposing party been provided a copy of this request? Yes No

If you require special accommodations to participate in the due process hearing, you must contact the LEA with your special needs.

Student Information

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: M F

Exceptionality(ies) _____

LEA (Local Education Agency): _____ School Building Student Attends: _____

Parent(s) Residing with Student

Last Name: _____ First Name: _____ Relationship: Mother Father Guardian
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____ Email: _____

Preferred method of written correspondence: U.S. Mail Email Fax

Last Name: _____ First Name: _____ Relationship: Mother Father Guardian
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____ Email: _____

Preferred method of written correspondence: U.S. Mail Email Fax

Parent/Student Address: _____

Parent Attorney: _____ Attorney Phone: _____
Address: _____ Attorney Email: _____
Attorney Fax : _____

Parent Not Residing with Student

Last Name: _____ First Name: _____ Relationship: Mother Father
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____ Email: _____

Preferred method of written correspondence: U.S. Mail Email Fax

Address: _____
Parent Attorney: _____ Attorney Phone: _____
Address: _____ Attorney Email: _____
Attorney Fax : _____

Local Education Agency (LEA) Information

I. LEA Contact

Last Name: _____ First Name: _____ Position Title: _____

Cell Phone: _____ Work Phone: _____ Fax: _____ Email: _____

Address: _____

II. Superintendent/CEO

Last Name: _____ First Name: _____ Position Title: _____

Address: _____ Phone: _____

III. LEA Attorney

Address: _____ Attorney Phone: _____
Attorney Email: _____
Attorney Fax: _____

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)

Hearing Location Contact & Phone No.: _____

Information About the Due Process Complaint Notice

A. Does your issue pertain to a Hearing Officer Decision which has not been implemented? Yes No
(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 Decision.)

B. Is this a request for an expedited hearing? Yes No
If yes, please check one of the reasons below:
 Disciplinary (drugs/weapons) ESY (Extended School Year)
Check here if Student is in the ESY Target Group

C. The law states that a party may not have a due process hearing until a Due Process Complaint Notice is filed, which meets all of the legal requirements. An opposing party may challenge the sufficiency of the Due Process Complaint Notice if it is lacking sufficient information. You must describe the nature of the problem giving rise to this request for due process, including as many facts to support your position as possible. You must also provide a proposed resolution of the problem to the extent known and available to you. You may attach a separate sheet of paper if you need more space:

Nature of the problem:

Nature of the problem: *(continued)*

Proposed Resolution:

If you know the opposing side's position on this matter, you may provide it here, although it is not required by law:

- D.** Prior to a due process hearing taking place, the law requires the parties to participate in a Resolution Session, unless both sides agree in writing to waive this requirement. Please complete 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 parents and the LEA in writing on: _____(Date)
 4. In lieu of a Resolution Meeting, I am requesting mediation*.

* If #4 is checked, the ODR Mediation Case Manager will be in contact with the parties.

Please **MAIL** or **FAX** a copy of this form to the opposing side and to the Office for Dispute Resolution:

Office for Dispute Resolution
6340 Flank Drive
Harrisburg PA 17112-2764
Phones:
 717-541-4960
 800-222-3353 (PA only)
 PA Relay 711 (TTY users)

 717-657-5983 (Fax)

You will be contacted by a Case Manager from ODR upon receipt of this Due Process Complaint Notice.

Additional information about due process is available by accessing the website at **odr.pattan.net** and the **Special Education Dispute Resolution Manual**.

Parents may also contact the *Special Education ConsultLine*, a Parent Help Line, for information on procedural safeguards and due process: 800-879-2301.