

**REQUEST TO FILE A COMPLAINT
WITH THE OKLAHOMA STATE DEPARTMENT OF EDUCATION**

TO: Oklahoma State Department of Education
Special Education Services - Complaints
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599

CHILD'S INFORMATION	
Name of Child: _____	Date of Birth: _____ (optional)
Complainant: _____	School District: _____
Address: _____ _____	Current Grade: _____ (optional)
	Current Placement: _____ (optional)
Phone No.: _____	Disability or Purported Disability: _____

Describe how the school district has violated requirements under the Individuals with Disabilities Education Act (IDEA), Part B. Include the facts on which your allegations are based. Attach additional page(s) as necessary.

Optional:

I am requesting compensatory services

Other remedies: _____

Parents and schools are encouraged to utilize mediation to resolve special education disputes. Such participation is voluntary. Please contact the school or the Oklahoma State Department of Education at (405) 521-3351 for further information.

Signature of person filing the complaint

Date

Parent Advocate Other