

DUE PROCESS COMPLAINT NOTICE – LEA

To: _____
 (PARENT/GUARDIAN)

 (SCHOOL DISTRICT)

Address: _____

CHILD'S INFORMATION

Child's Name: _____

School: _____

Address of Child's Residence: _____

Current Grade/
 Placement: _____
 Date of Birth: _____
 Disability: _____

DUE PROCESS REQUEST

Local Educational Agency _____

Address: _____

Telephone: _____

Describe the nature of the problem(s) maintaining the current placement of the child if substantially likely to result in injury to the child or to others, including specific facts relating to such problem which make this hearing necessary. (Attach additional pages if necessary.)

How may the problem(s) be resolved? _____

Parents have the right to request mediation to resolve this problem. Such participation is voluntary. Please contact the school or the Oklahoma State Department of Education at (405) 521-3351 for further information. The due process hearing timeline does not begin until the complaint notice, completed in accordance with all requirements, is received by the school. A copy of the notice must be mailed or faxed to:

Oklahoma State Department of Education
Attn: Special Education Services
 2500 North Lincoln Boulevard
 Oklahoma City, Oklahoma 73105-4599
 Fax: (405) 522-3503

Signature: _____

Date _____