

**DUE PROCESS COMPLAINT NOTICE – PARENT**

To: \_\_\_\_\_  
 (SCHOOL SUPERINTENDENT)  
 \_\_\_\_\_  
 (SCHOOL DISTRICT)

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHILD'S INFORMATION**

Child's Name: \_\_\_\_\_  
 Address of Child's Residence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

School: \_\_\_\_\_  
 Current Grade/Placement: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Disability: \_\_\_\_\_

**DUE PROCESS REQUEST**

**NAME OF PARENT/GUARDIAN AND ANY ATTORNEY REPRESENTING THE CHILD**

Name of Parent or Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A proposed resolution of the problem to the extent known and available to the party. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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, Suite 412  
 Oklahoma City, Oklahoma 73105-4599  
 Fax: (405) 522-3503

Signature: \_\_\_\_\_

Date \_\_\_\_\_