Complaint Form

Please feel free to make copies of this form, use additional paper, or call the ConsultLine at 1-800-879-2301 or the Bureau of Special Education (BSE) at 717-783-6913 for additional copies.

*My preferred method of contact by the Advisor assigned to this complaint would be:

☐ By phone (please provide number): _____

Best time during normal business hours to call: _____

☐ By email (please provide email address): _____

☐ In person at a public facility during normal business hours. The location would probably be a school or Intermediate Unit building to permit duplication of documents.

*Are you filing this complaint on behalf of a specific child? ☐ Yes ☐ No

Please provide your contact information, relationship to child, and signature.

Name: _____

Address: _____

Phone Number: _____

Home: _____

Work: _____

Cell: _____

E-mail: _____

*Relationship to child or children:

☐ Parent ☐ Attorney ☐ Advocate ☐ Other

*This information is not required by IDEA.

The name and address of the residence of the child, school, and school district.

Child's Name: _____

*Date of Birth: _____

Address: _____

*Is the child currently in school? ☐Yes ☐No

If so, where is the child's current program:

_____

School Building:

_____

*School District:

_____

*Charter School:

_____

*Is the child publicly placed in the educational program by a Judge or Child Welfare Agency?

☐ Yes ☐ No

*If so, where is the child's current program: _____

Contact Person:

_____

Telephone:

_____

Complete only if the complaint is filed on behalf of a highly mobile student.

Contact Person:

_____

Telephone:

_____

*Did the violation occur within the past year? If so, on or about what date?

_____

*Date:

_____

*To clarify my allegations, I would like the Advisor to interview the following

person(s):

_____

*Name *Occupation/Title *Phone Number/E-Mail Address

*This information is not required by the IDEA.

Please provide a statement about the violation or issue that you believe has occurred. Please include a description about the nature of the problem. Please list the facts that support your statement. To the best of your knowledge, please suggest a solution to this problem if one is known and available.

This complaint must be signed for BSE to investigate. You must also send a copy of this complaint to the Local Educational Agency (LEA). By signing below, you indicate to BSE that you have provided a copy of the complaint to the LEA.

Signature: _____ Date: _____

Please return the form to the SEA at:

Pennsylvania Department of Education/Bureau Special Education
Division of Compliance Monitoring and Planning - East
607 South Drive
Harrisburg, PA 17120

E-mail: ra-pdespecialed@pa.gov