IDEA STATE COMPLAINT FORM

Under the Individuals with Disabilities Education Act (IDEA) Part B and the Utah State Board of Education (USBE) Special Education Rules, IV.E.

If you believe that a school district, public charter school (e.g. local education agency or LEA), or other public agency in the State that provides special education and related services to students with disabilities has violated a requirement of federal and/or State special education laws or regulations, you may file a State complaint with the USBE. This form has been designed to assist you in filing a State complaint. You are not required to use this form; however, failure to provide required information may delay the complaint investigation.

The alleged violation must have occurred within one year of the date that the USBE receives the State complaint. A State complaint may be filed by any party, including an organization or an individual from another state.

Basic Information

| Student Name* | Student Grade |
|---|-------------------------|
| LEA or Other Public Agency | Student Date of Birth |
| School Student Attends* | Parent/Guardian Name(s) |
| Student Address* | Parent/Guardian Phone |
| Parent/Guardian Address (if different than student's) | Parent/Guardian Email |

I am also requesting mediation at this time.

A State complaint investigation takes up to 60 calendar days. You may work with the LEA or other public agency informally to resolve the State complaint at the local level. Parents and LEAs may also use formal mediation to resolve special education disputes. Participation in mediation is voluntary. If both parties agree to mediation, the USBE can appoint an impartial mediator to assist in resolving the complaint. Mediation may be requested for disputes arising under Part B of the IDEA. Mediation is free to both parties and is a voluntary process. Prior to assigning a mediator, the USBE will contact the other party to determine whether that party is willing to participate in mediation upon receipt of this request.

| Statement of Alleged Violation* | |
|---|-----------|
| How do you think the school district, charter school, or other public agency violated Par IDEA or the USBE Special Education Rules? Describe the violation(s), including the date(sadditional pages if necessary. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Statement of Facts* | |
| Provide facts that support the above statements. Describe the event(s), date(s), and c that may support your allegations. Attach additional pages if necessary. | locuments |
| | |
| | |
| | |
| | |
| | |
| | |
| Proposed Resolution* | |
| Describe a proposed resolution to the problem to the extent known and available. If you include a proposed resolution, USBE will still investigate your complaint provided, that i all other requirements. However, it is helpful information for the investigator. | |
| | |
| | |
| | |

* Denotes a Required Element of a State Complaint ADA Compliant March 2024

| Additional Information | | | | | |
|--|---|--|--|-------------------------|--|
| To assist in investigating this State complaint, please s | upply the following optional information: | | | | |
| Has the student been referred for special education? Yes □ No □ Was the student ever identified for special education? Yes □ No □ Does the student have an individualized education program (IEP)? Yes □ No □ | | | | | |
| | | | Complainant Information | | |
| | | | Name of Party Filing Complaint (please print)* | Relationship to Student | |
| Phone Number* | Address* | | | | |
| Email Address* | | | | | |
| If a State complaint is filed by an organization or individual other than a parent or adult student on their own behalf, consent from a Parent or Adult Student must be obtained before USBE may provide personally identifiable information about a Student to a non-parent or non-adult student complainant as part of the State complaint decision. Consent must be written, dated, and signed by a Parent or Adult Student and provided to USBE. | | | | | |
| Filing Instructions | | | | | |
| The USBE does not accept emailed or electronic complaints at this time. A copy of this complaint and all attachments must also be mailed, faxed, or delivered in-person to: | | | | | |
| Mail: | In-Person: | | | | |
| State Director of Special Education | State Director of Special Education | | | | |
| Utah State Board of Education | Utah State Board of Education | | | | |
| PO Box 144200 | 250 East 500 South | | | | |
| Salt Lake City, Utah 84114-4200 | Salt Lake City, Utah 84111 | | | | |
| Fax: (801) 538-7991 | | | | | |
| This State complaint and any attachments must public agency. I understand and acknowledge th with the USBE and the other party and have ser | at it is my responsibility to file this complaint | | | | |
| Complainant Signature* | Date | | | | |
| of the court of he can be self-or the first feet and | / | | | | |

If the parties have questions about this form and/or process, please contact USBE Dispute Resolution specialists Jessica Lamb at (385) 295-7873, email Jessica.Lamb@schools.utah.gov or Cindy Poulson at (801) 538-7872, email Cindy.Poulson@schools.utah.gov.

* Denotes a Required Element of a State Complaint ADA Compliant March 2024 If the complainant(s) are unable to file in writing, they may contact the LEA or State Director of Special Education for assistance.

If the complainant(s) or other parties require accommodations to participate in this process, please contact the USBE ADA Coordinator at (801) 538-7534 or via email at holly.bell@schools.utah.gov.