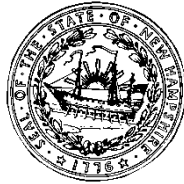


Frank Edelblut
Commissioner of Education



Christine Brennan
Deputy Commissioner of Education

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, N.H. 03301
FAX 603-271-1953

HOW TO FILE A SPECIAL EDUCATION COMPLAINT

The following information is required for a complaint to be processed. It must be written and signed, unless communications made by the complaining party precludes a written signed complaint. All information can be provided in any alternative format.

The notice must include:

1. Your **name, address** and **daytime phone number**.
2. The name of the **child**.
3. The **address** of the **residence** of the **child**, if different than yours – or contact information if the child is homeless. (if alleging violations with respect to a specific child)
4. The **name** of the **school** the child is **attending**.
5. A **statement** that the school district **violated a state or federal special education law**.
6. The **facts** upon which the **statement** is made and how it has affected the child.
7. Allege that the **violation occurred within one year before** the date the complaint is filed with the New Hampshire State Department of Education.
8. A statement of the **resolution or outcome** you would like to see.
9. The **complaint must be signed** and a **copy must be sent to the child's school district** at the same time you send the complaint to the New Hampshire State Department of Education.
10. *You must send a copy of the complaint to the school district (preferably to the special education director and/or the superintendent of schools) at the same time that you send it to the NHDOE. **If you do not know the name of the Special Education Director or Superintendent, please contact the Office of Governance at 271-3196 and we will provide that information to you.***

Mail or deliver the completed complaint to:

New Hampshire Department of Education
Attention: Special Education Complaint Office
Hugh Gallen Office Park
101 Pleasant Street
Concord NH 03301-3860

MODEL COMPLAINT FORM

The use of this form is optional. Complainants may submit a complaint on plain paper, stationery, etc., or all information can be provided in any alternative format.

No other documentation should be submitted at this time.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Relationship to Student: Parent or Guardian Citizen Attorney
 Student

Student's Name:
Address, if different than yours:
(If the student is homeless, please provide available contact information)
Date of Birth: _____ Grade: _____
School Attending:
School District:

A copy of the New Hampshire Department of Education, Bureau of Special Education's "Complaint Procedures Manual for Special Education Complaints" can be found on our website at: http://education.nh.gov/instruction/special_ed/complaint.htm.

A hard copy of the "Complaint Procedures Manual for Special Education Complaints" can also be obtained by request.

According to federal regulations, a complaint must:

1. Be in writing, or all information can be provided in any alternative format;
2. Be signed;
3. Include a statement that a public agency (usually a school district) has violated a federal or state special education law;
4. Include the facts on which the allegation is based, how it has affected the student and the outcome or resolution sought; and
5. Must allege a violation that occurred within one year before the date filed with the NH Department of Education.

1. Statement of the violation

You do not have to quote the specific requirement that you believe was violated, but you must explain what you believe the school has done wrong, for example, “the teachers are not following my/the child’s IEP.”

2. Facts upon which the allegation is based

Describe what the school has done that violated special education requirements and how that affects your child, for example, “My/The child’s IEP says he will be seated in the front of the classroom, but on numerous visits to my child’s classroom, he was seated in the back of the classroom. Because of his vision and hearing problems, he needs to sit close to the blackboard and the teacher.”

3. Resolution or Outcome desired to address the alleged violation (to the extent known and available to the party)

****Please check the box to confirm that a copy of this complaint has been sent to the School District at the same time you filed the complaint with the State Education Agency.**

Signature: _____

Date: _____

Please send the completed form to:

New Hampshire Department of Education
Attention: Special Education Complaint Office
Hugh Gallen Office Park
101 Pleasant Street
Concord, NH 03301-3860

If you have any questions, please contact the Complaint Office at (603) 271-3196.