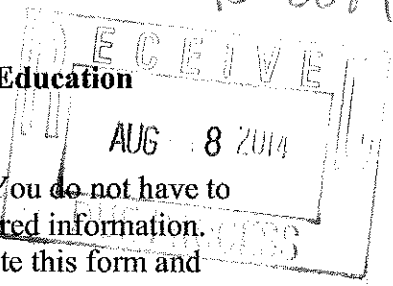


15-0087

Connecticut State Department of Education - Bureau of Special Education
Special Education Complaint Form



This is a recommended form for the filing of special education complaints. You do not have to use this form to file a complaint although it will help you to include the required information. (Questions may be directed to Bureau staff at 860-713-6928.) Please complete this form and forward to the parents or school district (as appropriate) and send a copy to:

State Department of Education
Bureau of Special Education
P.O. Box 2219 - Room 364
Hartford, CT 06145-2219

Date: * 8/4/14 Person/Agency filing the complaint [redacted]

Address: [redacted] Phone: [redacted]

Bristol (town) Ct. (state) 06010 (zip) Email: * [redacted]

Parent's Name (if different): * [redacted] Phone: * [redacted]

Child's Name [redacted] (last) [redacted] (last) Date of Birth * [redacted]

Education Agency (school district) * Bristol

Name of School the Child Attends [redacted] Disability Category * _____

Child's Address: [redacted] (street)

Bristol (town) Ct. (state) 06010 (zip)

Be specific as to why you believe that a requirement of the Individuals with Disabilities Education Act has been violated. Include a description of the relevant facts, the nature of the child's problem and a proposed resolution of the problem to the extent known and available at this time. Please forward a copy of this complaint to the education agency. If necessary, you may attach additional sheets as well as documentation of your complaint allegations.

Signature of Complainant: [redacted]

*Information requested is optional