

**NEW JERSEY DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION PROGRAMS  
COMPLAINT FORM**

\*Date: \_\_\_\_\_

To: **Peggy McDonald, Director  
Office of Special Education (OSE)  
NJ Department of Education  
P.O. Box 500  
Trenton, NJ 08625-0500**

\*Relationship to Student(s): (Check One)

Parent/Guardian     Attorney     Advocate     Other: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

(In the case of a homeless child please provide available contact information)

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email address: \_\_\_\_\_

Provide the name of the student or specify the group of students affected by the alleged violation(s):

\_\_\_\_\_

School where the alleged violation(s) occurred: \_\_\_\_\_

\*District: \_\_\_\_\_ \*County: \_\_\_\_\_

\*1. Please check which statement applies:

I am currently involved in, or have recently requested, a due process hearing. I have enclosed a copy of the request.

I am considering filing for a due process hearing. I will send a copy of the request.

I am not planning on filing for a due process hearing.

***Note: Any issues contained in a request for a complaint investigation that are also the subject of a due process hearing will be set aside until the conclusion of the hearing. If the Administrative Law Judge makes a ruling on the issue(s), that ruling is binding.***

\_\_\_\_\_

\* Items marked with an asterisk are not required; however, providing the requested information will assist in expediting your request.

\*2. Briefly state the specific violation(s) of **special education law or regulation** that you believe occurred. If you choose to attach additional information or documentation, **you must nevertheless summarize the alleged violations**, as you see them.

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3. Specify the period of time or dates when the alleged violation(s) occurred. \_\_\_\_\_  
**Note: The complainant must allege a violation that occurred not more than one year prior to the date that the complaint is received.**

\*4. Is/Are the alleged violation(s) continuing at present? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. **State the relevant facts**, including any claim that the district has failed to provide services required by the IEP of a student with disabilities. If you are claiming that the district has failed to implement the IEP, *please include a copy of the entire IEP*. (Attach additional pages, if necessary. If you have other written documentation from the school that you believe would assist in verifying the violation, please submit them with this request).

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6. Please describe how the issue(s) could be resolved. Attach additional pages as necessary.

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\*7. Please list the district personnel you have already talked with to resolve this complaint, along with their response(s) to your request.

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Complainants are required to forward a copy of the complaint to the Chief School Administrator of the district/education agency against which the complaint is directed at the same time the complaint is filed with the Department of Education.

Check below to verify whether:

\_\_\_\_ A copy of the complaint request, along with attachments, was mailed to: \_\_\_\_\_ (name) on \_\_\_\_\_ (date);

or

\_\_\_\_ A copy of the complaint request, along with attachments, was hand-delivered to: \_\_\_\_\_ (name) on \_\_\_\_\_ (date).

**Pursuant to N.J.A.C. 6A:14-9.2(b), please note that a complaint cannot be processed until the OSE is notified that a copy was provided to the appropriate education agency.**

Signature: \_\_\_\_\_  
(Person(s) Submitting Request)