



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF LEARNING SERVICES – OFFICE OF SPECIAL EDUCATION

DUE PROCESS HEARING REQUEST NOTICE (AGES 3-21) – MODEL FORM

INSTRUCTIONS

Your due process hearing request must be accompanied by a notice which includes the following information:

- Name of student and their address;
- Name of agency/district child is attending;
- Name of school student attends;
- Name and address of parent/guardian;
- Description of the nature of the problem relating to proposed initiation or change to the identification, evaluation, placement, or provision of a free appropriate public education, and facts relating to the problem; and
- Proposed resolution of the problem to the extent known

MAIL completed form to Missouri Department of Elementary and Secondary Education
Office of Special Education – Compliance
P.O. Box 480, Jefferson City, MO 65102

FAX completed form to 573-751-3910 (Attention: Compliance Section)

QUESTIONS? Contact DESE's Office of Special Education at 573-751-0602 or secompliance@dese.mo.gov.

BUSINESS HOURS: Monday – Friday 8:00 a.m. – 4:30 p.m.

Sent copy of complaint to other party (if parent, send copy to school district; if school district, send copy to parent)

OTHER LANGUAGES

If you need to communicate in a language other than English, please indicate which language you prefer.

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|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Serbo-Croatian Latinic | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Somali | <input type="checkbox"/> Other _____ |

STUDENT INFORMATION

STUDENT NAME		DATE OF BIRTH	IS STUDENT HOMELESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
STREET		CITY	STATE	ZIP CODE
AGENCY/DISTRICT NAME		SCHOOL NAME		

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME		EMAIL		
STREET		CITY	STATE	ZIP CODE
PHONE (HOME)	PHONE (WORK)	PHONE (CELL)		

NATURE OF ISSUE/PROPOSED RESOLUTION

Description of the nature of the problem, including facts relating to the problem (additional pages may be attached)

Proposed resolution of problem, if known (additional pages may be attached)

SIGNATURE OF PERSON FILING COMPLAINT

SIGNATURE	TITLE	DATE
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.