



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

**CHILD COMPLAINT (AGES 3-21) – MODEL FORM**

**INSTRUCTIONS (VIOLATION MUST HAVE OCCURRED NOT MORE THAN ONE YEAR PRIOR TO THE DATE THE COMPLAINT IS RECEIVED BY THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE))**

Federal Regulation 300.153 indicates all information below must be completed in order to process the child complaint. If any information is missing, the processing of the complaint will be delayed.

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

FAX completed form to: 573-526-4404 (Attention: Compliance Section)

QUESTIONS: Contact the DESE's Office of Special Education at 573-751-0602 or [secompliance@dese.mo.gov](mailto:secompliance@dese.mo.gov).

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

**DATE COMPLAINANT SENT INFORMATION**

The party filing the complaint must forward a copy of the complaint to the agency/district the complaint is against at the same time the party files the complaint with the DESE.

Date complainant sent copy of child complaint to agency/district: \_\_\_\_\_

**COMPLAINT INFORMATION**

AGENCY/DISTRICT COMPLAINT FILED AGAINST		CURRENT SCHOOL OF ATTENDANCE		COUNTY RESIDES IN (OPTIONAL)	
STUDENT NAME		DISABILITY (IF KNOWN)	AGE	GRADE	IS STUDENT HOMELESS? <input type="checkbox"/> Yes <input type="checkbox"/> No
STREET		CITY		STATE	ZIP CODE

**PARENT/GUARDIAN INFORMATION**

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

**PERSON FILING THE COMPLAINT (IF DIFFERENT THAN PARENT/GUARDIAN)**

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

**NATURE OF ISSUE**

The agency/district indicated above has violated state and federal regulations implementing the Individuals with Disabilities Education Act (IDEA) in the following area(s)

- Placement     
  Evaluation     
  Discipline     
  Related Services     
  Due Process  
 Family Educational Rights and Privacy Act (FERPA)     
  Individualized Education Program (IEP)  
 Other: \_\_\_\_\_

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

Proposed resolution of the problem to the extent known and available (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, national origin, age, or disability 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, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th 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](mailto:civilrights@dese.mo.gov).