

**MISSOURI FIRST STEPS
CHILD COMPLAINT MODEL FORM**



INSTRUCTIONS

If any person believes the Missouri Department of Elementary and Secondary Education (DESE), a System Point of Entry (SPOE) agency or a provider has violated any state or federal regulation implementing Part C of the Individuals with Disabilities Education Act (IDEA) within the past year, a signed, written child complaint may be filed with DESE. This form may be used when filing a Child Complaint. A copy of the complaint **must** be sent to the agency/provider the complaint is against at the same time the complaint is filed with DESE.

Mail completed form to: Missouri Department of Elementary and Secondary Education
Office of Special Education
Attention: First Steps Compliance
P.O. Box 480
Jefferson City, MO 65102-0480

Office of Special Education
business hours are Monday-Friday
8:00 AM – 4:30 PM

Or fax to: 573.751.3910 Attention: First Steps Compliance

PERSON FILING COMPLAINT

NAME		RELATIONSHIP TO CHILD
ADDRESS/CITY/STATE/ZIP		
EMAIL ADDRESS	PHONE (HOME)	PHONE (OTHER)

CHILD INFORMATION

CHILD NAME	CHILD DATE OF BIRTH
ADDRESS/CITY/STATE/ZIP	COUNTY

COMPLAINT INFORMATION

This complaint is against: (check one)

DESE

SPOE/Service Coordinator Name: _____

Provider Name: _____

The agency/provider indicated above has violated state and federal regulations implementing Part C of the IDEA in the following area(s):

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Family Cost Participation Fee |
| <input type="checkbox"/> Eligibility | <input type="checkbox"/> Confidentiality/Access to Records |
| <input type="checkbox"/> Services | <input type="checkbox"/> Other, explain: _____ |
| <input type="checkbox"/> IFSP | |

DESCRIPTION OF THE PROBLEM, INCLUDING FACTS RELATING TO THE PROBLEM (ADDITIONAL PAGES MAY BE ATTACHED)

PROPOSED SOLUTION TO THE PROBLEM, IF KNOWN: (ADDITIONAL PAGES MAY BE ATTACHED)

I understand a copy of the child complaint must be sent to the agency/provider this complaint is against at the same time I file the complaint with DESE.

SIGNATURE OF PERSON FILING COMPLAINT	DATE
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