



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
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.

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 DESE.

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

COMPLAINT INFORMATION

AGENCY/DISTRICT COMPLAINT FILED AGAINST		CURRENT SCHOOL OF ATTENDANCE			
STUDENT NAME		DISABILITY (IF KNOWN)	BIRTHDATE	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/ORGANIZATION		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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