Wisconsin Department of Public Instruction

# INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) STATE COMPLAINT FORM

PI-2117 (Rev. 03-21)

*Required by IDEA2004, 34 CFR 300.151-153, 300.509.*

*Use of this form is voluntary.*

**SUBMISSION:** Submit a copy to your school district or other public educational agency. Submit signed original to:

# DIRECTOR

**SPECIAL EDUCATION TEAM**

# WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION PO BOX 7841

**MADISON, WI 53707-7841**

# FAX: (608) 267-3746

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| **FOR DPI USE** | Case No. Assigned | Due Date *Mo./Day/Yr.* | Date Received *Mo./Day/Yr.* |

**INSTRUCTIONS:** This form has been developed to assist parents in filing an IDEA state complaint. Provide all information requested. You must sign and date the complaint. **You must allege a violation that occurred not more than one year prior to the date that the complaint is received by the department.** Complaints submitted outside of business hours will be marked received the next business day. Failure to provide all information may delay the complaint investigation. You will be contacted by the department regarding your complaint.

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|  | | | | **I. GENERAL INFORMATION** | | |  | | | |
| Name of Complainant | | | Relationship to the Child | | | Complainant's Email | | | | |
| Address *Street, City, State, ZIP* (Preferred Communication: Check One  Email  Physical Mail) | | | | | | | | | Daytime Telephone *Area/No.* | |
| Check One *Optional*  Hispanic/Latino  Not Hispanic/Latino | Check All That Apply *Optional*  American Indian/Alaska Native Asian Black/African American  Native Hawaiian/Other Pacific Islander White | | | | | | | | | |
| Name of Child | | | Child's Date of Birth *Mo./Day/Yr.* | | \*Address of the Child’s Residence Street, City, State, Zip | | | | | |
| School District of the Child’s Residence | | | | | Name of School Child is Attending | | | | | |
|  | | **II. SIGNATURE** | | | | | |  | | |
| Signature of Complainant *Required*   | | | | | | | | | | Date Signed *Mo./Day/Yr.* |
|  | | **III. DESCRIPTION OF COMPLAINT** | | | | | |  | | |

Describe the nature of the problem the child is experiencing, including facts relating to the problem. State how the school district (or other public educational agency) violated state or federal special education law. Include the date when the violation occurred. Provide the facts that support the statement above. Use additional sheets or back if necessary.

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|  | **IV. PROPOSED RESOLUTION** |  |  |  |  |

Describe your proposed resolution of the problem (to the extent known and available at this time). Use additional sheets or back if necessary.