



## DUE PROCESS COMPLAINT AND REQUEST FOR A DUE PROCESS HEARING Instructions

Please provide information requested in all of the fields.

1. *Name, birthdate and grade* of the child.
2. *Disability category*: Provide the disability category that currently applies to the child. If the child has not been identified as a child with a disability, state "Child has not been identified" in the space provided.
3. *Address* of the residence of the child; or in the case of a homeless child or youth, available contact information.
4. *Name and address* of the school the child is attending.
5. *Name of parent and address* if address is different from child's; or in the case of a homeless child or youth, *available contact information* for the child: "Homeless" means homeless within the meaning of section 725(2) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11434a(2); and email address and telephone numbers.
6. *Mediation*: Mediation is a free service provided by the State to resolve disputes. Participation in mediation is completely voluntary and must be agreed to by both parties. A mediator will arrange dates for the parties to discuss remedies to resolve the dispute. Mediation is concurrent with due process, but the mediation meeting will usually be scheduled before the due process hearing takes place. If you are interested in mediation, please check the applicable line.
7. *Description of the Problem and Facts Relating to the Problem*: Provide a description of the nature of the problem which is the basis of your request for a due process hearing, and provide facts relating to the problem. **Example of Problem**: The problem is the school district's failure to implement my child's individualized education program. **Example of Facts Relating to the Problem**: My child has not received the speech and language services specified in her individualized education program.
8. *Description of the Proposed Resolution*: State the resolution you are proposing to the extent known and available to you at the time. **Example of Proposed Resolution**: I am proposing that my child receive the speech and language services specified in her individualized education program.
9. *Attorney*: If you have an attorney in this case, please provide the name and address of the attorney. If this section is completed by the parent or LEA, all due process correspondence and information will be sent to the attorney and not to the parent or LEA.
10. *Signature*: The Party requesting the hearing is required to print, sign and date the complaint notice/due process hearing request.
11. *Expedited Hearing, if Applicable*: A parent may request an expedited hearing **only** if the parent disagrees with a decision regarding placement for disciplinary removals or with the manifestation determination. A local educational agency (LEA) may request an expedited hearing **only** if the LEA believes that maintaining the current placement of the child is substantially likely to result in injury to the child or to others. An *expedited hearing may not be requested for any other reason*.
12. *Submission of Request*: Send the original completed request to the other party, and send a copy to the Ohio Department of Education, Office for Exceptional Children, Dispute Resolution 25 South Front Street, Columbus, Ohio 43215-4183 or fax a copy to (614) 728-1097.

**Note**: The use of this form is not required. Instead of using this form, you may submit your own due process request but your request must include all information required by federal regulation at 34 CFR § 300.508.

## DUE PROCESS COMPLAINT AND REQUEST FOR A DUE PROCESS HEARING

<b>NAME OF CHILD ON WHOSE BEHALF THE HEARING IS REQUESTED</b>	<b>CHILD'S BIRTHDATE</b> <i>(Month/Day/Year)</i>	<b>GRADE</b>
<b>DISABILITY CATEGORY</b>		
<b>ADDRESS OF THE RESIDENCE OF THE CHILD; OR IN THE CASE OF A HOMELESS CHILD, AVAILABLE CONTACT INFORMATION</b>		
<b>NAME AND ADDRESS OF THE SCHOOL THE CHILD ATTENDS</b>		
<b>NAME OF PARENT AND ADDRESS IF ADDRESS IS DIFFERENT FROM CHILD'S. IN THE CASE OF A HOMELESS CHILD OR YOUTH, AVAILABLE CONTACT INFORMATION FOR THE CHILD</b>	<b>EMAIL TELEPHONE NUMBER</b>	
	<b>DAYTIME TELEPHONE NUMBER</b> (     )	
<b>A BILINGUAL OR SIGN LANGUAGE INTERPRETER IS REQUESTED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, specify language/mode of communication		
<b>NAME OF SUPERINTENDENT AND SCHOOL DISTRICT OF RESIDENCE</b>		
<b>MEDIATION – Are you interested in mediation?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>A DESCRIPTION OF THE PROBLEM</b> <i>(Describe the nature of the problem of the child relating to a proposed initiation or change of placement or provision of a free appropriate public education) (Attach additional pages if necessary).</i>		

**DUE PROCESS COMPLAINT AND REQUEST FOR A DUE PROCESS HEARING**

**DESCRIPTION OF PROBLEM (continued)**

**FACTS** *(Provide facts relating to the problem described above)* (Attach additional pages if necessary).

**A DESCRIPTION OF THE PROPOSED RESOLUTION YOU ARE SEEKING** *(Provide the proposed resolution of the problem to the extent known and available to the party at the time)* (Attach additional pages if necessary).

**DUE PROCESS COMPLAINT AND REQUEST FOR A DUE PROCESS HEARING (continued)**

**NAME AND ADDRESS OF THE ATTORNEY FOR THE PARENT/GUARDIAN OR LEA. *If this section is completed, all information and correspondence regarding the due process request will be sent to the attorney and not to the parent or LEA.***

**EMAIL**  
**TELEPHONE NUMBER**

( )

**FAX NUMBER**

( )

**THE PARTY REQUESTING THE HEARING IS (Check one):**

Parent/Guardian of the child on whose behalf the hearing is being brought

School District of Residence (Superintendent)

Other Educational Agency (Name):

Student with a Disability Who Is At Least 18 years Of Age But Not More Than 21 Years of Age

\_\_\_\_\_  
Name (printed) of Party Requesting Hearing

\_\_\_\_\_  
Signature of Party Requesting Hearing

\_\_\_\_\_  
Date of Signature

**REQUEST FOR EXPEDITED HEARING  
(COMPLETE THIS SECTION ONLY IF YOU ARE REQUESTING AN EXPEDITED HEARING)**

*AN EXPEDITED HEARING MAY BE REQUESTED ONLY IF ONE OF THE FOLLOWING REASONS APPLIES.*

**Parent: As the parent/guardian or student, I am requesting an expedited hearing because (Check one of the following):**

I disagree with a decision regarding placement for disciplinary removals; or

I disagree with the manifestation determination held for a disciplinary removal.

**School District: As the school district, I am requesting an expedited hearing because:**

I believe that maintaining the current placement of the child is substantially likely to result in injury to the child or to others.

**Submission of Request:** Send the original completed request to the other party, and send a copy to the Ohio Department of Education, Office for Exceptional Children, Dispute Resolution 25 South Front Street, Columbus, Ohio 43215-4183 or fax a copy to (614) 728-1097. **Note:** The use of this form is not required. Instead of using this form, you may submit your own due process request, but your request must include all information required by federal regulation at 34 C.F.R. § 300.508. **See page one for instructions.**