

## Administrative Complaint Form

### Purpose:

This form will help a person, (usually a parent,) make a formal complaint to the Secretary of Education about a special education issue or concern. The Secretary of Education will investigate special education issues or concerns which violate special education laws or rules. The issue or concern needs to have taken place within the past year. A signature is necessary (electronic accepted).

If you need help filing or filling out this form, contact:

#### [Vermont Agency of Education](#)

1 National Life Drive, Davis 5  
Montpelier, VT 05620-2501  
TA Phone: (802) 828-1256  
TA Email:

[AOE.SpecialEd@vermont.gov](mailto:AOE.SpecialEd@vermont.gov)

#### [Vermont Family Network](#)

600 Blair Park Rd., Ste. 240  
Williston, VT 05495  
Tel: 1-800-800-4005  
Email: [info@vtfn.org](mailto:info@vtfn.org)

#### [VT Disability Law Project](#)

264 North Winooski Avenue  
Burlington, VT 05402  
Tel: 1-800-889-2047

[Other locations in VT](#)

### Instructions:

1. All information marked with (\*) is required. Missing information can cause delay.
2. At the same time that you submit this form, you must also provide a copy of this form to the special education coordinator or superintendent for the Student's supervisory union/school district. (If you need help finding out who this is, contact the Agency of Education.)
3. Please describe the problem. Include facts and any information supporting your complaint. Examples of helpful information include individualized education program (IEP) forms, evaluations and emails etc. If you have any ideas of how the problem could be solved, please describe.
4. Mediation may be available to help you resolve this complaint if you are interested.

If your child is birth-three, email this form to [AOE.AdminComplaintInfo@vermont.gov](mailto:AOE.AdminComplaintInfo@vermont.gov) and then provide a copy to the Coordinator, Children's Integrated Services, Child Development Division, 280 State Drive, Waterbury, VT 05671-1040. Phone: 1-800-649-2642.

If you have questions, please call (802) 828-1256 or [email](#) Agency of Education (AOE)'s Technical Assistance (TA) line.

# ADMINISTRATIVE COMPLAINT

## Complainant Information:

\*Name, First and Last: \_\_\_\_\_

Organization and Title, if applicable: \_\_\_\_\_

\*Address: \_\_\_\_\_

\_\_\_\_\_

\*Tel: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

## Student Information:

\*Name, First and Last: \_\_\_\_\_

\*Address: \_\_\_\_\_

\_\_\_\_\_

(If Student is homeless, please provide contact information for Student.)

\*Date of Birth: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Has student received a diploma?  Yes  No

\*School of Attendance: \_\_\_\_\_

\*District of Residence: \_\_\_\_\_

Parent/Guardian Name, if applicable: \_\_\_\_\_

Parent/Guardian Address and Telephone Number, if different from Student:

Address: \_\_\_\_\_

\_\_\_\_\_

\*Tel: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

## \*Disability (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Multiple Disabilities    | <input type="checkbox"/> Learning Impairment            |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Speech or Language Impairment  |
| <input type="checkbox"/> Deaf                     | <input type="checkbox"/> Traumatic Brain Injury         |
| <input type="checkbox"/> Hard of Hearing          | <input type="checkbox"/> Emotional Disturbance          |
| <input type="checkbox"/> Deaf-Blindness           | <input type="checkbox"/> Orthopedic Impairment          |
| <input type="checkbox"/> Visual Impairment        | <input type="checkbox"/> Specific Learning Disability   |
| <input type="checkbox"/> Developmental Delay      | <input type="checkbox"/> Other Health Impairment: _____ |

**Attorney or Advocate Information (if applicable):**

Name, First and Last: \_\_\_\_\_

Address: \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Due Process & Mediation:**

Were the issue(s) identified below, the subject of a previous due process complaint, administrative complaint or mediation?  Yes  No

Are the issue(s) identified below, the subject of a current due process complaint, administrative complaint or mediation?  Yes  No

Have you also filed a Due Process complaint about this same issue?  Yes  No

Are you interested in receiving information about mediation, or would you like to request mediation, to try and resolve the issue(s)?:

Yes, I would like to receive information on mediation.

Yes, I would like to request mediation to try to resolve the issues.

No.

**Submission:**

- A copy of this administrative complaint can be submitted to the AOE electronically via email to [AOE.AdminComplaintInfo@vermont.gov](mailto:AOE.AdminComplaintInfo@vermont.gov) or by mail to Vermont Agency of Education, 1 National Life Drive, Davis 5, Montpelier, VT 05620-2501. If you need assistance to submitting, call or email and we will assist you.
- At the same time that you submit this form, you must also provide a copy of this form to the special education coordinator or superintendent for the Student's supervisory union/school district. (If you need help finding out who this is, contact the AOE TA Line.)

TA Phone: (802) 828-1256

TA Email: [AOE.SpecialEd@vermont.gov](mailto:AOE.SpecialEd@vermont.gov)

Mailed to school

Hand-Delivered to school

Not Submitted - I need assistance from the AOE

**The copy was provided to:**

Name: \_\_\_\_\_

Superintendent     Special Education Coordinator

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**\*Descriptions of the Issues:**

Please describe the problem, including as much detail as possible. Include all information that you believe to be important, even if you are unsure. Remember that the issue or concern needs to have taken place within the past year and must be related to special education. It is important to include facts and any documentation that you believe support your claim. If you are unsure about what to include, please call or email the AOE for assistance.

Describe the problem(s):

Who have you been in contact with at the school about the problem(s)?

Name(s): \_\_\_\_\_

Role(s): \_\_\_\_\_

Describe what steps have you feel you have taken to address this/these problem(s).

If you have any ideas of how the problem could be solved, please describe.

Preferred Resolution:

**\* Complainant's Signature:** \_\_\_\_\_

(Signature may be written, typed, or e-signed)

Email to AOE: [AOE.AdminComplaintInfo@vermont.gov](mailto:AOE.AdminComplaintInfo@vermont.gov)

Upon clicking the "SUBMIT" button, a "Send Email" window will appear where you will be asked to select your preferred email application or webmail browser. Once you have selected your preferred email, a draft email will be generated for you with this form attached as a PDF, addressed to send to [AOE.AdminComplaintInfo@vermont.gov](mailto:AOE.AdminComplaintInfo@vermont.gov). You are encouraged to attach any additional documentation (such as student's most current IEP, meeting notes etc.) to this draft email as an attachment before hitting send.