

## DUE PROCESS COMPLAINT NOTICE

### (Local Educational Agency)

The Agency makes this form available for you to use to notify the Secretary of a due process complaint on any matter regarding the evaluation or placement of a student under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973, as amended. You are not required to use this form to file a due process complaint; you may opt to write a letter or contact the Agency for further assistance with your filing.

#### Instructions:

1. All asterisked (\*) information on this form should be included when you submit your request for a due process hearing. If the sections marked with an asterisk (\*) item are not provided, it may result in the denial or delay of a due process hearing.
2. At the same time that you submit this form to the Secretary, you must also provide a copy of this form to the parent(s) or guardian of the student, or to the student, if the student is 18 years of age or older.
3. As soon as your complaint is received by the Secretary, the Agency's Legal Unit Administrator will contact you to schedule an initial telephone conference call to take place within five (5) business days of the receipt of the complaint. If the Agency is unsuccessful at reaching you, a time and date will be selected and you will be notified by first class mail and e-mail, if an e-mail address is provided.
4. Under federal and state law, a local educational agency (LEA) may raise the following issues in a due process complaint within two years of the date the LEA knew or should have known about the alleged action forming the basis for the complaint:

**Evaluation** (Issues involving timeliness, appropriateness and conclusions of evaluation procedures, and/or of the determination of eligibility, continuing eligibility or ineligibility, the appropriateness of the evaluation or parental non-consent for an evaluation.)

**Educational Placement** (Issues involving the appropriateness of the instructional and related services, program and/or setting in which the student with a disability is provided services, including issues arising from proposed or requested changes in placement or services.)

5. Please describe your complaint completely and accurately. Remember: It is important that you describe any issue that you wish to have addressed at the due process hearing, and detail the facts you believe support your position. If you do not include an issue in your complaint, you may not be able to raise it at the hearing. Focus on the issues that have had an impact on the student's ability to receive meaningful educational benefit.

If you are not sure how to complete this form, you may contact the department for more information or assistance:

Vermont Agency of Education  
Legal Unit Administrator  
1 National Life Drive, Davis 5  
Montpelier, VT 05620-2501  
Tel: (802) 828-4855

**DUE PROCESS COMPLAINT**  
**(Local Educational Agency)**

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

Is this request for an Expedited Due Process Hearing for disciplinary issues, per [SBE Rule 4313.3\(c\)](#)?

Yes  No

**Complainant Information:**

Local Education Agency: \_\_\_\_\_

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

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

Tel: H (\_\_\_\_) \_\_\_\_\_ W (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

**Student Information:**

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

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

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade Level: \_\_\_\_ Has student received a diploma? \_\_\_\_

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

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

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

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

\_\_\_\_\_

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

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

**Attorney Information (if applicable):**

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

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

Tel (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

A copy of this request must be provided to the parent(s) or guardian of the student, or to the student, if the student is 18 years of age or older. Please confirm that this has been done by checking the appropriate box and providing the date: A copy of this request was:  Mailed or  Delivered on: \_\_\_\_/\_\_\_\_/\_\_\_\_

**The copy was provided to:**

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

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

**\*Descriptions of the issues and proposed resolution(s)**

Under federal and state law, a local educational agency may raise issues arising in one or more of the following areas within two years of the date the LEA knew or should have known about the alleged action forming the basis for the complaint: evaluation or educational placement. Describe your complaint completely and accurately. Attach additional pages if necessary. It is important to describe any issue you wish to have addressed at the due process hearing, and include any facts you believe support your position. If you do not include an issue in your complaint, you may not be able to raise it at the hearing. Focus on the issues that have had an impact on the student's ability to receive a meaningful educational benefit. You must identify at least **one** of the issues listed on the pages below; leave blank any parts of the form that are not addressed in your complaint.

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**Evaluation** (Issues involving timeliness, appropriateness and conclusions of evaluation procedures, and/or of the determination of eligibility, continuing eligibility or ineligibility, the appropriateness of an evaluation or parental non-consent for an evaluation.)

Describe the nature of the issue(s) and any facts relating to the issue(s).

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Describe how the issue(s) could be resolved.

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Describe what actions have been taken to address the issue(s).

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

**Educational Placement** (Issues involving the appropriateness of the instructional and related services, program and/or setting in which the student with a disability is provided services, including issues arising from proposed or requested changes in placement.)

Describe the nature of the issue(s) and any facts relating to the issue(s).

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Describe how the issue(s) could be resolved.

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Describe what actions have been taken to address the issue(s).

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