

# Florida Bureau of Exceptional Education and Student Services

## IDEA State Complaint Form

Required by IDEA 2004, 34 CFR 300.151-153, 300.509.

Use of this form is voluntary.



FLORIDA DEPARTMENT OF  
**EDUCATION**  
fldoe.org

This form can be used by any individual or organization for filing a formal state complaint with the Florida Department of Education when alleging that the school district or state has violated the educational rights of a student with a disability, under the Individuals with Disabilities Education Act (IDEA 2004) and corresponding state requirements. This form is also used for filing a state complaint for a violation of the educational rights of students who are gifted, according to state requirements. Provision of all information is requested. Failure to provide information may delay the complaint investigation. **The use of an asterisk (\*) indicates information required per federal regulation for the filing of an IDEA State Complaint.**

<b>*Name of Complainant:</b>	Relationship to Student:	<b>Complainant Email Address:</b>
<b>*Complainant Address (Street, City, State, ZIP)</b>		<b>*Daytime Telephone Number:</b>
I am alleging that the following named school district or public agency has violated Part B of the Individuals with Disabilities Act or related state rules or laws regarding the education of a student with a disability or a gifted student:		<b>Name of School District or Public Agency*</b>
<b>*Name of Student:</b>	Student Age/Grade:	<b>*School Name:</b>
<b>*Student Address (Street, City, State, ZIP)</b>		
Date(s) of alleged violation:	Student Exceptionality:	

**Check here to receive correspondence via email.**

*By checking this box, you are giving the bureau permission to send all correspondence and reports by electronic mail to the email address identified above. All electronic mail will be sent password protected.*

### State Complaint:

- I understand I must include the facts that support my allegation(s).
- I also understand that the complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received by the Bureau.

**\*DESCRIPTION OF ALLEGED VIOLATION(S) (student specific allegations only):** i.e. separately for each allegation, state the requirement or obligation you believe your school district failed to follow as it pertains to exceptional student education laws.

**\*FACTS RELATING TO ALLEGATION** e.g. dates, times of incidents, names of persons involved. Separately for each allegation above, please provide facts that help explain or clarify how, or in what way the school district failed to meet its obligation and requirements relative to exceptional student education.

**\*PROPOSED REMEDY, RESOLUTION OR SOLUTION (student specific allegations only):** to the problem (to the extent known and available at this time.)

I have included attachments to this complaint.

Alternative resolution is a voluntary process available to parents at no cost and can often result in more expedient resolution of conflicts. These may proceed concurrently with the complaint investigation process. Please indicate your interest in the options below:

- I am interested in and would like more information on legally binding mediation where the district and I agree to meet with an assigned mediator to create a legally binding mediation agreement. (This option is only available to the parent(s) or guardian(s) of the student or the adult student per Florida Rule.)
- I am interested in and would like more information on a state-facilitated individual educational plan (IEP) team meeting where the bureau assigns a facilitator to attend an IEP team meeting. (This option is only available to the parent(s) or guardian(s) of the student or the adult student per federal and state law.)

I understand I will be contacted by the bureau staff assigned to my case to:

- Advise me of my rights to alternative resolution activities such as early resolution or mediation
- Clarify and review my complaint facts
- Request submission of additional information or documentation to support my statement (if needed)

**\*Signature of Complainant:**

*Date:*

**\*A copy of your IDEA State Complaint must be submitted to your local school district or other local education agency at the same time this complaint is filed with the department.** Submit signed original via fax, email or US mail to:

Florida Department of Education  
Bureau of Exceptional Educational and Student Services  
Dispute Resolution and Monitoring Unit: State Complaint  
325 West Gaines Street, Suite 614  
Tallahassee, FL 32399-0400

Email: [BEESScomplaints@fldoe.org](mailto:BEESScomplaints@fldoe.org)

Fax: 850-245-0953

Phone: (850) 245-0475