**Expedited Hearing** 

No



## **Due Process Complaint Notice to Request an Impartial Hearing**

## **Directions**

**Hearing Request** 

Type of hearing request:

**School Information** 

\*Name of school student attends:

Name of school representative or contact (if known):

Mailing address for school district or State agency:

Name of school district or State agency responsible for provision of services:

This form may be used to submit a due process complaint notice (also known as a request for an impartial hearing). However, use of this form is optional. All asterisked (\*) information is required. Make two copies of the completed form and submit as follows:

- ⇒ If this form is submitted by the parent, send the original to the school district.
- ⇒ If this form is <u>submitted by the school district</u>, send the original to the parent.

Initial Hearing

Is there another impartial hearing in process for this same student?

⇒ In addition, send one copy to the New York State Education Department, Office of Special Education, Room 309 EB, 89 Washington Avenue, Albany, New York, 12234, Attention: Due Process Unit.

Amended Hearing

Yes

⇒ Retain a copy for your records.

Reminder: You may request <u>special education mediation</u> from your school district at any time, including prior to filing a due process complaint notice.

If you checked "Yes," who is the impartial hearing officer?				
Did you, or another representative of the parent, submit a due process complaint notice for this same student				
within the last 12 months that was later withdrawn?	Yes No			
If you checked "Yes," who was the impartial hearing officer?				
Student Information				
*Student's name (first/last):	Date of birth (mm/dd/yyyy):			
Student's disability classification:				
*Student's address (where the student resides):				
*If student is homeless, provide contact information if available (enter N/A if not applicable or available):				
Name of parent or person in parental relationship:				
Mailing address for parent or person in parental relationship:				
Daytime phone (include area code):	Email:			

\*Required information Page 1 of 3

Nature of Complaint
*Describe the issues and concerns that led you to request this impartial hearing. Explain in detail and include all <b>specific facts</b> related to the problem (e.g., names, dates, locations, events, and actions). Attach additional pages or documents if necessary.
Proposed Resolution
*Describe a proposed resolution of the problem (what you believe should occur to correct the problem or how the issue could be resolved) to the extent known and available at this time. Attach additional pages or documents if necessary.

\*Required information Page 2 of 3

Complainant Information				
Name of person or organization completing this form:				
Relationship to student:	Parent/Person in Parental Relationship Parent's Attorney/Advocate			
	School District Representative/Attorney Other:			
Mailing address for complainant (if different from parent or person in parental relationship):				
Daytime phone (include area code):		Email:		
Signature				
I confirm that a copy of this due process complaint notice form was sent to the opposing party (parent or school district) at the same time it was filed with the New York State Education Department.				
This form was submitted to:	Name of Person or Name of School		on Date Submitted (mm/dd/yyyy)	
	Name of Person or Name of School	District	Date Submitted (mm/dd/yyyy)	
Please sign the completed form. If you are signing the form electronically, you agree that typing your name or entering your electronic signature below is the legal equivalent of your manual signature on this form.				
Signature of person filing thi	s form:		Date (mm/dd/yyyy):	
Print name:				

For School District Use Only Date Received:

\*Required information Page 3 of 3