

ADMINISTRATIVE COMPLAINT

The department makes this form available for individuals and organizations to use to notify the Commissioner of an alleged violation(s) of Part B of the Individuals with Disabilities Education Act ([IDEA](#)) or the implementing [federal](#) or [state](#) regulations or rules that occurred not more than **one year** prior to the date that the complaint is received by the Commissioner. Use of this form is not required to file an administrative complaint; you may opt to write a letter, or contact the department or one of the advocacy organizations listed below for further assistance with your filing. The signature of the individual filing an administrative complaint is required for the complaint to be valid.

Instructions:

1. All asterisked (*) information on this form should be included when you submit your administrative complaint. If the sections marked with an asterisk (*) item are not provided, it may result in the denial or delay of a complaint investigation.
2. At the same time that you submit this form to the Commissioner, you must also provide a copy of this form to the special education coordinator or superintendent for the Student's supervisory union/school district.
3. Please describe your complaint completely and accurately. Remember: It is important that you describe any issue that you wish to have addressed in this administrative complaint investigation, and include any facts and documentation that you believe support your position. Examples of documentation may include individualized education program (IEP) forms, evaluations and communications. Include in your complaint a description of how issues created by or related to the alleged violations could be resolved, to the extent known.
4. Only the issue(s) raised in the complaint will be addressed during the investigation. Any additional, or new, alleged violations of special education regulations must be raised in a separate administrative complaint.
5. If you are interested in receiving information on mediation, or would like to request mediation services to assist in the resolution of the issues in your complaint, please indicate this on the complaint form.

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

[Vermont Dept. of Education](#)
Legal Unit Administrator
120 State Street
Montpelier, VT 05620-2501
Tel: (802) 828-3136

[Vermont Family Network](#)
600 Blair Park Rd, Suite 240
Williston, VT 05495
Tel: 1-800-800-4005

[VT Disability Law Project](#)
264 North Winooski Avenue
Burlington, VT 05402
Tel: 1-800-889-2047
[other locations in VT](#)

To file an administrative complaint alleging violations of Part C of the IDEA, you may use this form but must forward the completed complaint to: Coordinator, Children's Integrated Services, Early Intervention, DCF 2 North, Child Development Division, 103 South Main Street, Waterbury, Vermont 05671-0204.

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Mail signed, completed form to: Commissioner, VT Department of Education, 120 State Street, Montpelier, VT 05620-2501

Complainant Information:

*Name, First and Last: _____

* Organization and Title, if applicable: _____

*Address: _____

* Tel: H (____) _____ W (____) _____ Cell (____) _____

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? _____

*School of Attendance: _____

*District of Residence: _____

Parent/Guardian Name, if applicable: _____

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

*Disability (check all that apply):

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

Attorney or Advocate Information (if applicable):

Name, First and Last: _____

Address: _____

Tel (____) _____ Fax (____) _____

E-mail Address: _____

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

Please note: If the issues raised in this complaint were the subject of a due process hearing, the hearing decision is final. If the issues raised in this complaint are the subject of a current due process complaint, the administrative complaint investigation will be set aside until the due process complaint is closed.

Are you interested in receiving information about mediation, or would you like to request mediation, in an attempt to resolve the issues identified below? Please select one of the following:

Yes, I would like to receive information on mediation.

Yes, I would like to request mediation to attempt resolution of the issues identified below.

No.

*A copy of this request must be provided to the Special Education Coordinator or Superintendent for the School District. 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: _____ Title: _____

Address: _____

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