

NEVADA DEPARTMENT OF EDUCATION

Model Form to Assist Organizations/Individuals Filing a State Complaint¹

Your Name:²
Your Address:

Your Telephone Number:
Date:

Superintendent of Public Instruction
Nevada Department of Education
700 E. Fifth Street
Carson City, NV 89701-5096

Dear Superintendent of Public Instruction:

The purpose of this letter is to file a State complaint.

I/we believe that a public agency (name: _____) has violated a provision(s) of the Individuals with Disabilities Education Act (IDEA), Part B law, 20 U.S.C. §§ 1400 et seq., or the IDEA, Part B regulations, 34 C.F.R. Part 300, or a provision(s) of the Nevada Administrative Code (NAC), Chapter 388, §§388.150 to 388.450.³

I. All complaints must be signed *and* include the following:

1. The facts on which the above statement regarding a violation(s) is based, including when the believed violation(s) occurred:

2. Your contact information:

a. If all contact information is provided above: Check here: _____

b. Additional contact information, if any, and preferable mode of contact, if any:

II. Alleged a violation(s) concerning a specific child must *also* include the following--

3. Are you the parent of the child? YES _____ NO _____

¹You are not required to use this model form; however, the IDEA requires a complaint to be written, signed, and to meet certain requirements which are contained in this form in order to be properly filed. (The contents of a complaint are described in 34 C.F.R. § 300.153. If you are a parent, you may also see the statement of your rights for additional information.)

² If you are representing an organization, please also indicate the name of the organization.

³ If available, you may, but are not required to, provide the specific provision of law or regulation you believe has been violated.

4. The name and address of the residence of the child⁴:

5. The name of the school the child is attending:

6. A description of the nature of the problem of the child:

7. A description of the facts relating to the problem(s):

8. Your proposed resolution of this problem(s) to the extent known and available to you at this time:
(If you do not know how this problem(s) should be resolved at this time, please so indicate.)

Sincerely,

Signature: _____

ALL COMPLAINANTS: You must send a copy of this State complaint to the school district or other public agency serving the child at the same time you file this complaint with the Nevada Department of Education.

⁴ If the parent/child is homeless, just include available contact information for the parent/child and the name of the school the child is attending.