



**STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION**

**REQUEST FOR COMPLAINT INVESTIGATION**

To: Director

**Office of Special Education (OSE)**

NJ Department of Education

P.O. Box 500

Trenton, NJ 08625-0500

Email: [specialeducationcomplaints@doe.nj.gov](mailto:specialeducationcomplaints@doe.nj.gov)

Phone: 609-376-9060

Fax: 609-984-8422

You may attach additional pages in PDF form to the email. Adobe Acrobat Reader is a document reader software that is available for free download at: <https://get.adobe.com/reader/>.

<b>*Name of Complainant</b>	<b>*Address City, State, Zip Code</b>	<b>*Email</b>
		<b>*Primary Phone</b>
		<b>Alternate Phone</b>
		<b>Fax</b>
<b>Relationship to Student</b> <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Attorney <input type="checkbox"/> Advocate <input type="checkbox"/> Other	<b>*Name of student</b> (and/or specify the group of students affected by the alleged violation):	
	<b>Student's Date of Birth</b>	
<b>*Address of Student (if different from the complainant)</b> <i>If the student is homeless, please provide available contact information including the name of the school the child is attending:</i>		

\*Items marked with an asterisk are required.





<p><b>Please note:</b> You are <b>required</b> to <b>forward a copy of this complaint</b> to the Superintendent of the school district/education agency of which the complaint is against, at the same time you have filed with the <i>Department of Education</i>. Please fill out below what is applicable:</p>	
<input type="checkbox"/> A copy of the complaint request was emailed. <input type="checkbox"/> A copy of the complaint request was mailed. <input type="checkbox"/> A copy of the complaint request was hand delivered.	<p><b>Name of Recipient:</b></p>
	<p><b>Date Sent to Recipient:</b></p>
<p><i>Pursuant to New Jersey Administrative Code. 6A:14-9.2(b), a complaint cannot be processed until the Office of Special Education has been notified that a copy was provided to the appropriate education agency</i></p>	
<p><b>*Signature of Person(s) submitting request:</b></p>	<p><b>*Date:</b></p>

\*Items marked with an asterisk are required.