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
Phone: 609-376-9060

The OSE accepts complaint investigation requests by mail and by email. To email, completed requests for complaint investigations can be emailed to specialeducationcomplaints@doe.nj.gov.

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/.

<table>
<tr><td rowspan="4">*Name of Complainant</td><td rowspan="4">*Address City, State, Zip Code</td><td>*Email</td></tr>
<tr><td>*Primary Phone</td></tr>
<tr><td>Alternate Phone</td></tr>
<tr><td></td></tr>
<tr><td rowspan="2">Relationship to Student (If alleging a violation with respect to specific student(s))

☐ Parent/Guardian
☐ Attorney
☐ Advocate
☐ Other</td><td colspan="2">*Name of student (and/or specify the group of students affected by the alleged violation):</td></tr>
<tr><td colspan="2">Student’s Date of Birth</td></tr>
</table>

*Items marked with an asterisk are required.

***If alleging a violation with respect to a specific student(s), provide the address of Student (if different from the complainant)** *If the student is homeless, please provide available contact information including the name of the school the child is attending:*

School District Responsible for the Student	**County**	***School the Student Attends**

1. Please check which statement applies

☐ I am currently involved in, or have recently requested, a due process hearing. Agency Reference Number (if known) _____.

☐ I have enclosed a copy of the request.

☐ I am considering filing for a due process hearing. If I do file, I will send a copy of the request.

☐ I am not planning on filing for a due process hearing.

Please note: *Any issues contained in a request for a complaint investigation that are also the subject of a due process hearing may be set aside until the resolution of that dispute.*
Please note: *If the Administrative Law Judge makes a ruling on the issue(s), that ruling is binding.*

***2. Briefly state each violation(s) of *special education law* or r*egulation* that you believe occurred. If you choose to attach additional information or documentation, you must nevertheless summarize the alleged violation(s), as you see them.**

*Items marked with an asterisk are required.

3. Specify the period of time or dates when the alleged violation(s) occurred **_____** ***Please note:*** **You have one year from the date of the alleged violation to submit your complaint.**	**4. Is/Are the alleged violation(s) continuing at present?** ☐ **Yes** ☐ **No**

***5. Describe the relevant facts.** If you are claiming that the school district has failed to implement the IEP, please include a copy of the entire IEP (attach if mailing /upload if submitting online). If you have other written documentation from the school district that you believe would assist in verifying the violation, please attach.

***6. If you are alleging a violation with respect to a specific child, please describe how the issue(s) could be resolved, to the extent known and available to you at this time. If you are alleging a systemic violation, it is not required but might facilitate resolution to describe how the systemic violation(s) could be resolved. Attach additional pages as necessary.**

*Items marked with an asterisk are required.

Please note: **If you are alleging a violation with respect to specific student(s) or a specific school district/education agency, you** are **required** to **forward a copy of this complaint** to the Superintendent of the school district/education agency of which the complaint is against, at the same time you have filed with the *Department of Education*. Please fill out below what is applicable:	
☐ **A copy of the complaint request was emailed.** ☐ **A copy of the complaint request was mailed.** ☐ **A copy of the complaint request was hand delivered.**	***Name of Recipient:** ***Date Sent to Recipient:**
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	
***Signature of Person(s) submitting request:**	***Date:**

*Items marked with an asterisk are required.