



---

# HIDOE's State Written Complaint Model Form Invitation for Feedback

SEAC Meeting  
January 13, 2023

# Dispute Resolution Strategic Plan Year One

## Exploration & System Development (July 2022-June 2023)

## System Recommendations

- Draft and adopt written policies and internal procedures for mediation, state complaints, and due process requests.
- Review, revise, and create internal templates used by the Monitoring and Compliance Branch (MAC) for the dispute resolution processes.
- Update state complaint and due process model forms and translate into the state's required languages. These should be posted in an easy-to-find, accessible location on the HIDOE website.

# Old and New Form- Page 1

<b>State of Hawaii DEPARTMENT OF EDUCATION</b>	<b>SPECIAL EDUCATION (IDEA) WRITTEN COMPLAINT FORM</b>
--	--

TO: Complaints Management Program  
Monitoring and Compliance Branch  
P. O. Box 2360  
Honolulu, HI 96804  
Phone: (808) 307-3600

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Current School \_\_\_\_\_

DOE School (if different) \_\_\_\_\_

FROM: \_\_\_\_\_  
Print Name (Complainant)

Check one:  Parent/Legal Guardian  
 Other: \_\_\_\_\_

This student has a pending due process hearing:  
Check one:  Yes  
 No

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

A violation occurred not more than one year prior to the date of this written complaint.

Check one:  Yes  
 No

**IDEA/Chapter 60 Violation:** check applicable boxes

- IDENTIFICATION: Referral process prior to evaluation or determination of eligibility  
 EVALUATION: Activities involved in information gathering to determine special education eligibility and/or the extent of special education/modifications and related service needed by the student  
 PLACEMENT: The educational setting for the implementation of the IEP  
 PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION: Activities/services related to the IEP  
 FAILURE TO IMPLEMENT DUE PROCESS HEARING DECISION

In the space below, or on attached sheet(s), please describe the nature of the problem, including related facts. Be specific.

**FOR OFFICE USE**  
DISTRIBUTION: Complex Area Superintendent  
District Educational Specialist  
Principal

IDEA Written Complaint  
Form Revised 01/24/22  
Page 1 of 2

<b>HAWAII STATE DEPARTMENT OF EDUCATION</b>	<b>SPECIAL EDUCATION (IDEA) WRITTEN COMPLAINT MODEL FORM</b>
---	--

This form is optional, however, the asterisked (\*) information on the form is required in order for the state complaint to be processed.

**Student Information (required if you are alleging violation with respect to a specific student)**

TO: Complaints Management Program  
Monitoring and Compliance Branch  
P.O. Box 2360  
Honolulu, HI 96804  
Phone: (808) 307-3600  
Email: [specialcomplaints@k12.hi.us](mailto:specialcomplaints@k12.hi.us)

\*Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

\*Name of Current School \_\_\_\_\_

**\*Complaint Contact Information (Complainant)**

FROM: \_\_\_\_\_

\* Print Name \_\_\_\_\_

Check one:  Parent/ Legal Guardian  
 Other: \_\_\_\_\_

\*Mailing Address of Child's Residence (if any) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Additional Contact Information if Child is Homeless (if available) \_\_\_\_\_

\*Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

**Check Applicable Boxes**

- Yes  No A violation occurred not more than one year prior to the date of this written complaint.  
 Yes  No I am an adult student without guardianship and can file a written complaint.  
 Yes  No The student is not an adult. I am the parent or legal guardian who has not had his/her parental rights terminated.  
 Yes  No I would like to schedule mediation to resolve these concerns.  
 Yes  No This student has a pending due process hearing.

**IDEA/ HAR CHAPTER 60 Violation:** check applicable boxes

- IDENTIFICATION: Referral process prior to evaluation or determination of eligibility  
 EVALUATION: Activities involved in information gathering to determine special education eligibility and/or the extent of special education/modifications and related service needed by the student  
 PLACEMENT: The educational setting for the implementation of the IEP  
 PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION: Activities/services related to the IEP  
 FAILURE TO IMPLEMENT DUE PROCESS HEARING DECISION  
 OTHER IDEA/ HAR CHAPTER 60 RELATED VIOLATION

**FOR OFFICE USE**  
DISTRIBUTION: Complex Area Superintendent  
District Educational Specialist  
Principal

IDEA Written Complaint Model Form  
Revised 1/4/23  
Page 1 of 2

# Old and New Form- Page 2

(continued)  
 In the space below, or on attached sheet(s), please describe the nature of the problem, including related facts. Be specific.

**Proposed Resolution:** check applicable boxes

Request IEP meeting

Provide \_\_\_\_\_ services as listed in the IEP dated \_\_\_\_\_

Provide \_\_\_\_\_ modifications/accommodations as listed in the IEP dated \_\_\_\_\_

Other:

check applicable boxes

<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have attached documents that support my allegations.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I am an adult student without guardianship and can file a written complaint.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The Student is not an adult. I am the parent or legal guardian who has not had his/her parental rights terminated.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Please schedule mediation to resolve these concerns.

\_\_\_\_\_  
 Signature of Complainant

\_\_\_\_\_  
 Date

**FOR OFFICE USE**  
 DISTRIBUTION: Complex Area Superintendent  
 District Educational Specialist  
 Principal

IDEA Written Complaint  
 Form Revised 01/24/22  
 Page 2 of 2

**\*Alleged Violation(s)**- Please describe the nature of the problem. Attach additional pages if necessary. Be specific.

**\*Statement of Facts**- Provide facts to support the statement of the alleged violation(s). Describe the relevant events, including dates, and documents that support the alleged violations.

**Proposed Resolution** (\*required if violation is about a specific student and known at time of filing) - Describe a proposed resolution of the problem (what you believe should occur to correct the problem or how to resolve the alleged violation).

Yes  No I have attached documents that support my allegations.

\_\_\_\_\_  
 \*Signature of Complainant

\_\_\_\_\_  
 \*Date

**FOR OFFICE USE**  
 DISTRIBUTION: Complex Area Superintendent  
 District Educational Specialist  
 Principal

IDEA Written Complaint Model Form  
 Revised 1/4/23  
 Page 2 of 2

# Required Information

HAWAII STATE DEPARTMENT OF EDUCATION	SPECIAL EDUCATION (IDEA) WRITTEN COMPLAINT MODEL FORM
---	--

This form is optional, however, the asterisked (\*) information on the form is required in order for the state complaint to be processed.

Student Information (required if you are alleging violation with respect to a specific student)

TO: Complaints Management Program  
Monitoring and Compliance Branch  
P.O. Box 2360  
Honolulu, HI 96804  
Phone: (808) 307-3600  
Email: [specialedcomplaints@k12.hi.us](mailto:specialedcomplaints@k12.hi.us)

\*Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

\*Name of Current School \_\_\_\_\_

\*Complaint Contact Information (Complainant)

FROM: \_\_\_\_\_

\*Mailing Address of Child's Residence (if any) \_\_\_\_\_

\* Print Name

Check one:  Parent/ Legal Guardian

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Other: \_\_\_\_\_

\*Additional Contact Information if Child is Homeless (if available) \_\_\_\_\_

\*Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

**Check Applicable Boxes**

- Yes  No A violation occurred not more than one year prior to the date of this written complaint.
- Yes  No I am an adult student without guardianship and can file a written complaint.
- Yes  No The student is not an adult. I am the parent or legal guardian who has not had his/her parental rights terminated.
- Yes  No I would like to schedule mediation to resolve these concerns.
- Yes  No This student has a pending due process hearing.

**IDEA/ HAR CHAPTER 60 Violation:** check applicable boxes

- IDENTIFICATION: Referral process prior to evaluation or determination of eligibility
- EVALUATION: Activities involve in information gathering to determine special education eligibility and/or the extent of special education/modifications and related service needed by the student
- PLACEMENT: The educational setting for the implementation of the IEP
- PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION: Activities/services related to the IEP
- FAILURE TO IMPLEMENT DUE PROCESS HEARING DECISION
- OTHER IDEA/ HAR CHAPTER 60 RELATED VIOLATION

**FOR OFFICE USE**  
DISTRIBUTION: Complex Area Superintendent  
District Educational Specialist  
Principal

IDEA Written Complaint Model Form  
Revised 1/4/23  
Page 1 of 2

\*Alleged Violation(s)- Please describe the nature of the problem. Attach additional pages if necessary. Be specific.

\*Statement of Facts- Provide facts to support the statement of the alleged violation(s). Describe the relevant events, including dates, and documents that support the alleged violations.

\*Proposed Resolution (\*required if violation is about a specific student and known at time of filing) - Describe a proposed resolution of the problem (what you believe should occur to correct the problem or how to resolve the alleged violation).

Yes  No I have attached documents that support my allegations.

\*Signature of Complainant \_\_\_\_\_

\*Date \_\_\_\_\_

**FOR OFFICE USE**  
DISTRIBUTION: Complex Area Superintendent  
District Educational Specialist  
Principal

IDEA Written Complaint Model Form  
Revised 1/4/23  
Page 2 of 2

# Your Feedback

<b>HAWAII STATE DEPARTMENT OF EDUCATION</b>	<b>SPECIAL EDUCATION (IDEA) WRITTEN COMPLAINT MODEL FORM</b>
---	--

This form is optional, however, the asterisked (\*) information on the form is required in order for the state complaint to be processed.

TO: Complaints Management Program  
Monitoring and Compliance Branch  
P.O. Box 2360  
Honolulu, HI 96804  
Phone: (808) 307-3600  
Email: [specialedcomplaints@k12.hi.us](mailto:specialedcomplaints@k12.hi.us)

**\*Complaint Contact Information (Complainant)**

FROM:

\_\_\_\_\_

\* Print Name

Check one:  Parent/ Legal Guardian  
 Other: \_\_\_\_\_

\_\_\_\_\_

\*Phone Number

\_\_\_\_\_

\*Email Address

**Student Information (required if you are alleging violation with respect to a specific student)**

\_\_\_\_\_

\*Name of Student

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

\*Name of Current School

\_\_\_\_\_

\*Mailing Address of Child's Residence (if any)

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

\*Additional Contact Information if Child is Homeless (if available)

**Check Applicable Boxes**

Yes  No A violation occurred not more than one year prior to the date of this written complaint.

Yes  No I am an adult student without guardianship and can file a written complaint.

Yes  No The student is not an adult. I am the parent or legal guardian who has not had his/her parental rights terminated.

Yes  No I would like to schedule mediation to resolve these concerns.

Yes  No This student has a pending due process hearing.

**IDEA/ HAR CHAPTER 60 Violation:** check applicable boxes

IDENTIFICATION: Referral process prior to evaluation or determination of eligibility

EVALUATION: Activities involve in information gathering to determine special education eligibility and/or the extent of special education/modifications and related service needed by the student

PLACEMENT: The educational setting for the implementation of the IEP

PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION: Activities/services related to the IEP

FAILURE TO IMPLEMENT DUE PROCESS HEARING DECISION

OTHER IDEA/ HAR CHAPTER 60 RELATED VIOLATION

**FOR OFFICE USE**  
DISTRIBUTION: Complex Area Superintendent  
District Educational Specialist  
Principal

IDEA Written Complaint Model Form  
Revised 1/4/23  
Page 1 of 2

**\*Alleged Violation(s):** Please describe the nature of the problem. Attach additional pages if necessary. Be specific.

---

**\*Statement of Facts-** Provide facts to support the statement of the alleged violation(s). Describe the relevant events, including dates, and documents that support the alleged violations.

---

**Proposed Resolution** (\*required if violation is about a specific student and known at time of filing) - Describe a proposed resolution of the problem (what you believe should occur to correct the problem or how to resolve the alleged violation).

Yes  No I have attached documents that support my allegations.

\_\_\_\_\_  
\*Signature of Complainant

\_\_\_\_\_  
\*Date

**FOR OFFICE USE**  
DISTRIBUTION: Complex Area Superintendent  
District Educational Specialist  
Principal

IDEA Written Complaint Model Form  
Revised 1/4/23  
Page 2 of 2

# THANK YOU

*We Value Your Feedback.*

- Thank you for spending time reviewing the model form and providing us with your feedback.
- Link to Google Form for Feedback
  - Open Comment Period:
    - January 13-January 31

# Resources

- [State Written Complaint- Old Form](#)
- [State Written Complaint- New Draft Form](#)
- [Your Rights in Special Education](#)