HIDOE’s State Written Complaint Model Form Invitation for Feedback
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 2

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

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: 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
- YES NO I have attached documents that support my allegations.
- 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 the parent's parental rights terminated.
- YES NO I am not sure how to resolve these concerns.

Signature of Complainant

Date

IDEA Written Complaint Model Form
Form Revised 01/24/20
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IDEA Written Complaint Model Form
Form Revised 01/24/20
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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.

TO: Complaints Management Program Monitoring and Compliance Branch P.O. Box 2380 Honolulu, HI 96804 Phone: (808) 307-3900 Email: specedcomplaints@h12.hi.us

*Name of Student

Date of Birth

*Name of Current School

*Mailing Address of Child’s Residence (if any)

*Print Name

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 services 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

*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

IDEA Written Complaint Model Form
Revised 1/023
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Your Feedback

HAWAI'I 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.

TO: Complaints Management Program
Monitoring and Compliance Branch
P.O. Box 2380
Honolulu, HI 96804
Phone: (808) 307-3900
Email: specedcomplaints@hi.k12.us

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)

*Printer Name

Check one:
Parent/ Legal Guardian
Other:

*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 the extent of special education modifications and related services 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

Submitted by:

*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

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Revised 1/4/2013
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IDEA Written Complaint Model Form
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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