

INSTRUCTIONS FOR COMPLETING THE COMPLAINT FORM

Please print or type

If you need help in understanding or completing the form, please contact:
Barbara A. Drayton at 803-734-8783

1. Complete Section I by checking the appropriate boxes in Parts A and B. ***Although not required, it would be helpful to include the information.** This information is on the student's IEP.
2. Provide the information requested in Parts C through D, which includes a list of the people who violated your rights or the rights of the student; a description of how you believe the school or school district or agency violated your rights or the student's rights to special education and related services.
3. The complaint must allege a violation of the requirements of the Individuals with Disabilities Education Act (IDEA), applicable federal and State Board of Education (SBE) regulations, or South Carolina Department of Education (SCDE) policies and procedures relative to students with disabilities.
4. The alleged violation must have happened not more than one year before the date that the complaint is received by the school district/agency and the SCDE.
5. Complete **Section II** by explaining what you want to see changed.
6. Complete **Section III** by printing or typing in the information about the student, the parent/guardian, and the school district/agency.
7. Forms are not accepted without the **signature** of the parent/guardian, person, student, or organization filing the complaint.
8. Send a copy of the signed, written complaint that alleges a violation of the IDEA to the school district/agency serving the student, preferably the special education director, at the same time the complaint is filed with the SCDE. **Mail the form** to the SCDE, Office of General Counsel at the following address:

**Office of General Counsel
South Carolina Department of Education
1429 Senate Street, Room 1015
Columbia, South Carolina 29201-3799**

The signed complaint may be faxed to **803-734-4384** or sent by electronic mail to
Bdrayton@ed.sc.gov

**You can get additional information by calling the Office
of General Counsel at 803-734-8783 and by going to the SCDE's Web site at
[http://www.ed.sc.gov/agency/programs-
services/173/ParentResourcesonSpecialEducation.cfm](http://www.ed.sc.gov/agency/programs-services/173/ParentResourcesonSpecialEducation.cfm)**

COMPLAINT FORM

Section I (Please print or type all text).

*Although not required, it would be helpful to include the information in Parts A and B.

A. Check the category of disability listed on the student's IEP (if he or she has an IEP):

- | | |
|--|--|
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Speech or Language Impairment | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Deaf and Hard of Hearing | |
| <input type="checkbox"/> Visual Impairment | |
| <input type="checkbox"/> Deaf-blindness | |

B. Check the type of class that the student is in:

- | | |
|---|---|
| <input type="checkbox"/> Regular class | <input type="checkbox"/> Hospital/medical homebound instruction |
| <input type="checkbox"/> Regular class with supportive services
(itinerant/resource) | <input type="checkbox"/> Other program option (please describe):
_____ |
| <input type="checkbox"/> Self-contained class | |
| <input type="checkbox"/> Special school | |
| <input type="checkbox"/> Home-based instruction | |

C. List the names of the people who violated your rights or the rights of the student and describe how you believe the school or school district/agency violated your rights or the student's rights to special education and related services:

(Attach additional pages if you do not have enough room on the form.)

D. Give the dates of the alleged violations:

(Attach additional pages if you do not have enough room on the form.)

Section II (Please print or type.)

What would you like to see changed?

(Attach additional pages if you do not have enough room on the form.)

Section III (Please print or type.)

Name of student

Street address

City State Zip

Phone

Name of school

Name of school district/agency

Name of parent/guardian

Street address

City State Zip

Home phone

Work phone

X Signature of parent/guardian Date

Name of person filing complaint if *not* parent

X Signature of person filing complaint if *not* parent Date

Street address of person filing complaint if *not* parent

City State Zip

Home phone Fax

Work phone Cell phone

In the case of a homeless child or youth, available contact information for the child and the name of the school the child is attending is required.