

TO: Hawaii Department of Education  
Special Education Section Administrator  
Complaints Management Program  
475 22nd Avenue, Room 117  
Honolulu, HI 96816  
Phone: 808-203-5563  
FAX: 808-733-4475

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

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

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

FROM:

\_\_\_\_\_  
Print Name (Complainant)

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

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

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

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

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

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

(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

- YES  NO I 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 his/her parental rights terminated.
- YES  NO Please schedule mediation to resolve these concerns.

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

\_\_\_\_\_  
Date

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District Educational Specialist  
Principal

SPED Written Complaint Form  
Revised 7/1/10  
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