



ADMINISTRATIVE DUE PROCESS COMPLAINT NOTICE IDEA Part C (ages Birth - 2)

This form is used to give notice of a due process complaint to the Office of the State Superintendent of Education (OSSE) as the Lead Agency or as the Early Intervention Services (EIS) provider, or parents with respect to any matter relating to the identification, evaluation, or educational placement of a child with a disability, or the provision of a free appropriate public education to a child, ages birth – 2 years. **A party may not have a due process hearing until the party, or the attorney representing the party, files a due process complaint notice that meets the requirements of the Individuals with Disabilities Education Act (IDEA).** See 34 CFR Part 303 (IDEA Part C).

Parents initiating a complaint against the OSSE must provide a completed administrative due process complaint notice to the OSSE's Office of General Counsel by fax at (202) 299-2134 (for more information call OSSE at (202) 724-7756).

A copy of the complaint must be provided to the Office of Dispute Resolution (ODR) on the same day that it is provided to the OSSE. The complaint will be deemed filed on the business day that it is received by the ODR between 8:30 a.m. – 5:00 p.m. Failure to provide a copy to the ODR on the same day will result in a delay of the start of the due process hearing timeline to resolve the complaint. The due process complaint must describe an alleged violation that occurred not more than two (2) years before the date that the OSSE or parents knew or should have known about the alleged action that is the basis of the complaint.

Unless the other party agrees, the party requesting the due process hearing shall not be allowed to raise issues at the due process hearing that are not raised in this Administrative Due Process Complaint Notice. Therefore, please be thorough in providing the information requested.

Prior to the opportunity for an impartial due process hearing, the OSSE shall convene a meeting (called a "Resolution Meeting") with the parent(s) unless the parent(s) and the OSSE agree in writing to waive this meeting. You will be contacted by the ODR to schedule a meeting with the OSSE.

I understand that it is my right to have a Resolution Meeting to resolve this complaint. I also understand that I may voluntarily waive this right if I choose. (Note: All parties must agree to waive the Resolution Meeting to avoid having this meeting).

- As the parent, I wish to waive the Resolution Meeting and keep the 30 day resolution period open.
- As the parent, I wish to waive the Resolution Meeting, end the 30 day resolution period and proceed directly to a Due Process Hearing.

IDEA requires that any time a party requests a due process hearing, mediation should be offered at no cost to the parent. Both parties can request mediation as an alternative to the Resolution Meeting. Mediation is also available prior to a due process hearing, but mediation may not be used to deny or delay a parent's right to a hearing on the parent's due process complaint. Please check all that apply.

- I am requesting mediation as an alternative to the resolution session meeting.

In accordance with the Individuals with Disabilities Education Act (IDEA), please complete the following questions. Provide complete details about all the facts supporting your claims. Please be thorough in providing the information requested. (You may attach additional pages if needed):

1. What is the nature of the problem, including the facts relating to the problem that will need to be addressed at a Resolution Meeting, a Mediation Conference, and/or a Due Process Hearing? (You may attach additional pages if needed):

2. To the extent known to you at this time, how can this problem be resolved?

3. Issues presented: (Be specific. Any issue not identified in this complaint cannot be raised at the due process hearing unless the other party agrees).

F. Estimated amount of time needed for the hearing:

The Office of Dispute Resolution (ODR) will schedule hearings in blocks of 8 hours. If you need more or less time, please indicate below how much time you will need:

I will need _____ hours / _____ days for the hearing to be completed.

G. Accommodations and Assistance Needed:

Please list any accommodations you may require for a Resolution Meeting, Mediation Conference or Due Process Hearing:

Interpreter (please specify the type): _____
Special Communication (please describe the type): _____
Special Accommodations for Disability (please describe the type): _____
Other: _____

H. Waiver of Procedural Safeguards (Optional):

- I (parent/guardian) waive receiving a copy of the procedural safeguards at this time. I understand that waiver of this right is optional and not a requirement for filing this complaint.

I. Parent or OSSE provider Signature and Affirmation:

I affirm that the information provided on this form is true and correct.

Signature of Parent/Guardian

Date

Signature of representative of the OSSE
as Lead Agency or EIS provider
(If hearing is requested by the OSSE)

Date

J. Signature of Attorney/Legal Representative (not required if the filing party is not represented by an attorney/advocate):

Signature of Attorney/Legal Representative

Date

K. Legal Assistance

A list of free legal help is available at www.osse.dc.gov >Programs > Office of Dispute Resolution > For Parents and Students > Free Legal Services. A paper copy of the list may be obtained by contacting the ODR at (202) 698-3819.

Mail, e-fax, or hand deliver this Complaint Notice to:

Office of the State Superintendent of Education
Office of Dispute Resolution
810 First Street, NE, 2nd Floor, Washington, DC 20002
E-fax: (202) 478-2956