Complaint Form

Please feel free to make copies of this form, use additional paper, or call the ConsultLine at 1-800-879-2301 or the Bureau of Special Education (BSE) at 717-783-6913 for additional copies.

My preferred method of contact by the Adviser assigned to this complaint would be:

☐ By phone (Number)___________________
   Best time during normal business hours to call__________________________.

☐ In person at a public facility during normal business hours. The location would probably be a school or Intermediate Unit building to permit duplication of documents.

Are you filing this complaint on behalf of a specific child? Yes_____ No_____  

Please provide your contact information, relationship to child, and signature.

Name:  __________________________________
Address:  __________________________________
                             __________________________________
Phone Number:  __________________     _________________     _________________
                   Home                   Work                   Cell
Relationship to child or children:

   Parent       Attorney       Advocate       Other

                                           Signature                                            Date
*NOTE:  THIS MUST BE SIGNED FOR BSE TO INVESTIGATE.

The name and address of the residence of the child, school, and school district.

Child’s Name:__________________________________                    Date of Birth:  ______________
Address:          _________________________________
                             __________________________________
Is the child currently in school? Yes_____ No_____  

If so, where is the child’s current program?

School/School District:____________________________________
Complete only if the complaint is filed on behalf of a homeless child or youth.

Contact Person

Telephone Number

Did the violation occur within the past year? If so, on or about what date?

Date

To clarify my allegations, I would like the Adviser to interview the following person(s).

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<th>Name</th>
<th>Occupation/Title</th>
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Please provide a statement about the violation or issue, which you believe has occurred. Please include a description about the nature of the problem.

Please list the facts that support your statement.
To the best of your knowledge, please suggest a solution to this problem.

You must send a copy of this complaint to the LEA. By signing below, you indicate to BSE that you have provided a copy of the complaint to the LEA.

______________________________     _____________
Signature                                                     Date

Please return form to:  PDE/BSE, Division of Compliance Monitoring and Planning, 333 Market Street, 7th Floor, Harrisburg, PA 17126-0333

ConsultLine - CRP     ________________     _____________
Initials                                                     Date