Susie Hedalen
State Superintendent
opi.mt.gov

IDEA State Complaint

Information about filing state complaints and the Individuals with Disabilities Education Act (IDEA) Special Education Part B Procedural Safeguards Notice are available on the OPI Special Education Dispute Resolution Website: https://opi.mt.gov/Educators/School-Climate-Student-Wellness/Special-Education/Dispute-Resolution#StateComplaint.

Use of this form is voluntary. An individual or an organization may file a signed state complaint alleging that a Montana local educational or public agency violated the provisions of Part B of the IDEA or Montana implementing special education laws. (See Administrative Rules of Montana (ARM) 10.16.3661 and 34 Code of Federal Regulations (CFR) 300.153(a)). Failure to include the required information may prohibit or delay the filing of the complaint. Items marked with an asterisk (*) are optional.

The rules relating to IDEA state complaint can be found at 34 CFR §§ 300.151-153 and ARM 10.16.3660-3662.

Date of Complaint _____

This request is being initiated by an: ☐ Individual ☐ Organization

Complainant(s): Individual/Organization Filing the State Complaint

Name of Complainant(s): _____

Name of Contact person if different from Complainant: _____

Relationship to student: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email address: _____

The Local Educational Agency (LEA) or Public Agency the Complaint is Against

Name of the LEA/Public Agency where violation allegedly occurred: _____

*Address: _____

*City/State/Zip: _____

The Student (if applicable)

Name of Student: _____

Address (if different from complainant): _____
(In the case of a homeless student, available contact information)

City/State/Zip: _____

*School the Student is Currently Attending: _____

Allegations/Supporting Documentation

This complaint must allege a violation that occurred not more than one year prior to the date the complaint is filed. State the alleged violation(s) of federal and/or state special education laws/rules by the LEA or public agency. Describe the nature of the problem and facts on which each allegation is based. If possible, please include names, dates, and locations as well as the federal and state laws/rules violated, if known. **Please attach additional pages if necessary.**

_____

_____

_____

_____

Supporting Documentation (optional)

Please list any documents you feel would help clarify or verify the above allegation(s); for example, letters from the LEA or public agency, evaluations, IEPs, or notices. You may include any documentation that supports your allegation(s) as an attachment to this form.

_____

_____

_____

_____

Proposed Resolution

To the extent known, explain what you believe needs to happen to resolve these issues. Please attach extra pages if necessary.

_____

_____

_____

_____

Early Assistance Program (EAP)

Upon the filing of an IDEA state complaint, the parties may engage in informal resolution of the issues in the state complaint through the EAP. Participation in informal resolution through the EAP process is voluntary. If either party does not wish to participate in the EAP process it will be waived.

Signature of Person(s) Filing the Complaint: _____

The party filing an IDEA state complaint must provide a copy to the other party and to the OPI. Please indicate by checking the box that a copy was provided to the other party.

☐ Yes, I provided a copy to the LEA/public agency or the other party.

Mail this form to:

Dispute Resolution
Office of Public Instruction
P.O. Box 202501
Helena, MT 59620-2501

NOTE: OPI does not accept faxed or electronically transmitted IDEA State Complaints, as they do not meet the requirements under ARM 10.16.3662.

The OPI makes reasonable accommodations for persons with disabilities. If you need an alternative accessible format of notices or final report or have questions about accessibility, please contact the Dispute Resolution Office at (406) 444-2046.