

MODEL DUE PROCESS COMPLAINT NOTICE

IMPORTANT: This form is designed to assist parties in requesting a due process hearing. This request must be in writing and may include supporting documents. A request may also be submitted in some other written format at the discretion of the parent(s) or the public education agency (PEA). Online filing options: [English](#) [Spanish](#)

The party filing a due process complaint **must** provide the complaint to the other party and forward a copy to the Arizona Department of Education/Dispute Resolution Unit who will contact you regarding your due process hearing request. Contact and address information can be found on the last page of this document.

This request is being initiated by Parent/Legal Guardian Public Education Agency (PEA) Attorney

Date of Complaint: _____

PLEASE TYPE OR PRINT

REQUIRED INFORMATION

Complainant Name (Parent or PEA): _____

Complainant Address: _____

Preferred method of contact: Home number Work number Cell Mail **OR**

Email address _____

Complainant Phone Number: (H) _____ (W) _____ (C) _____

The best time(s) to call (i. e., normal working hours 8:00 am to 5:00 pm weekdays, evenings, weekends):

REQUIRED - STUDENT INFORMATION

Student's Name: _____ Student's Date of Birth: _____

Student's Address: _____

Name of Charter/District complaint is regarding: _____

Charter/District Student is currently attending: _____

Address of Charter/District: _____



Dispute Resolution Unit
1535 W. Jefferson St. Bin #62 Phoenix, AZ 85007
(602) 542-3084 www.azed.gov/specialeducation

REASON(S) FOR REQUEST AND PROPOSED RESOLUTION FOR EACH PROBLEM /COMPLAINT:

Federal law requires that you describe with specificity the nature of the problem(s)/complaint(s) and provide a proposed resolution to each identified problem(s)/complaint(s). Simply describing a problem as “*student denied A Free Appropriate Public Education (FAPE) for school year 2022-2023*” is **insufficient**.

In the spaces below please identify specific problems(s)/complaint(s) and a proposed resolution for each to the extent known. Include facts, dates, references to specific IEP provisions, etc. Lack of specificity in identifying problem(s)/complaints(s) may result in the dismissal of this Due Process Hearing Request.

**Please keep it simple, clear, and precise -
attach additional sheets in the same format, if needed.**

Problem/Complaint #1: _____

Proposed Resolution #1: _____

Problem/Complaint #2: _____

Proposed Resolution #2: _____

Problem/Complaint #3: _____

Proposed Resolution #3: _____

Problem/Complaint #4: _____

Proposed Resolution #4: _____

You have the right to receive a copy of the Procedural Safeguards Notice from the school/district at the time you submit your complaint.

Reminder: The party filing a due process complaint must provide the complaint to the other party.

SIGNATURE OF PARTY REQUESTING DUE PROCESS HEARING

Please Print Name	
Signature Required	Date

NECESSITY OF INTERPRETER

Person(s) needing interpreter services:

Language:

You may mail, email, or fax your complaint using the contact information below, or file [online](#). Additional questions concerning this form or due process rights may also be addressed by contacting:

Arizona Department of Education / Exceptional Student Services / Dispute Resolution Unit
1535 West Jefferson Street, BIN #62
Phoenix, Arizona 85007
Phone: 602-542-3084 Fax: 602-364-0641
Email: ESSDRInbox@azed.gov
[Dispute Resolution Webpage](#)