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).

Name	Occupation/Title	Phone Number/E-Mail Address

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**