



Special Education Complaint Form

We have created a new simplified Special Education Complaint form to track trends and facilitate problem solving around special education issues. Once we receive the complaint, a member of the union's special education staff will review it. You will receive a call or an email to verify the information and obtain additional details. We will then work with you to determine the appropriate mechanism for resolving the issue. **We will not share your name or any information on this form with administrative, supervisory or managerial personnel in the Department of Education without your approval.**

Questions marked with a * are required

Date: _____

Name: (Last, First): * _____

Mobile or Home Phone: * _____ Email Address (Non-DOE): _____

Position / Relationship to Child: * _____

Borough: * _____ District: * _____ School: * _____ Work Phone: * _____

Your Chapter Leader: * _____

Did caller discuss issue with:

☐ Child's parents (or teacher if caller is parent) ☐ Chapter Leader ☐ Principal / Supervisor

Area of Complaint (Check all that may apply):

☐ Special Class (Self-contained in district, high school, District 75, etc.)

☐ Collaborative Team Teaching (CTT)

☐ Special Education Teacher Support Services (SETSS)

☐ Related Services

☐ Para Supports and Services

☐ Bilingual Programs and Services

☐ ESL Instruction

☐ Referral

☐ Placement

☐ Assessment and Evaluation

☐ Discipline and Suspension of Students with Disabilities

☐ Copy of IEP Not Provided (General Education IEP Teacher, Special Education Teacher, Cluster Teacher or Related Service Provider), Access to IEP Denied (Paraprofessional) or Failure to Inform of IEP Implementation Responsibilities

☐ IEP Implementation (Test Accommodations, Behavior Intervention Plan, Supports for School Personnel, Assistive Technology, Transition Services, etc.)

☐ IEP Process (Team Meetings, Changes to IEPs, Notice, Consent, etc.)

☐ Other, please describe:

Please provide a brief summary of the issue.
