

Wisconsin Department of Public Instruction ESSA PRIVATE SCHOOL COMPLAINT FORM PI-9580-PSC (Rev. 06-2020)

DPI.Title1@dpi.wi.gov

This form has been developed to assist individuals in filing complaints to the State Superintendent in regards to private school equitable participation as allowed by the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA). Provide all information requested. Failure to provide all information may delay the complaint investigation. You will be contacted by the department regarding the complaint. Complaints must be submitted within one year of the date of the alleged violation.

		COMPLAINANT INFO	RMATION				
Name of Private School				Email			
Name of Person Filing the Complaint		Title of Person Filing the Complaint			Daytime Telephone Area/No.		
Complainant Address			City			State	Zip
LOCAL EDUCATIONAL AGENCY (LEA) INFORMATION							
Name of LEA believed to have violated ESSA private school equitable participation requirements						\rea/No.	
Address			City			State	Zip
		COMPLAINT INFOR	MATION				
A private school shall have the right to file a complaint to the department if the LEA did not: Engage in timely and meaningful consultation with the private school; give due consideration to the views of private school officials; or make a decision that treats the private school or its students equitably.							
Place a check mark next to the alleged violation. Check all that apply.							
Engage in timely and meaningful consultation with the private school							
Give due consideration to the views of private school officials							
Make a decision that treats the private school or its students equitably							
Attach supporting document for each alleged violation. The complaint will not be processed without supporting documentation.							
Have efforts been made to resolve this complaint through the internal grievance procedure of the LEA?							
If yes, what is the status of the grievance?							

COMPLAINT INFORMATION (cont'd)

What specific relief are you seeking?

SIGNATURE

Complainant Signature

Date Signed Mo./Day/Yr.