



Wisconsin Department of Public Instruction
**INDIVIDUALS WITH DISABILITIES EDUCATION ACT
 (IDEA) STATE COMPLAINT FORM**
 PI-2117 (Rev. 03-21)

Required by IDEA2004, 34 CFR 300.151-153, 300.509.
 Use of this form is voluntary.

SUBMISSION: Submit a copy to your school district or other public educational agency. Submit signed original to:

**DIRECTOR
 SPECIAL EDUCATION TEAM
 WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
 PO BOX 7841
 MADISON, WI 53707-7841
 FAX: (608) 267-3746**

FOR DPI USE	Case No. Assigned	Due Date <i>Mo./Day/Yr.</i>	Date Received <i>Mo./Day/Yr.</i>
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INSTRUCTIONS: This form has been developed to assist parents in filing an IDEA state complaint. Provide all information requested. You must sign and date the complaint. **You must allege a violation that occurred not more than one year prior to the date that the complaint is received by the department.** Complaints submitted outside of business hours will be marked received the next business day. Failure to provide all information may delay the complaint investigation. You will be contacted by the department regarding your complaint.

I. GENERAL INFORMATION

Name of Complainant	Relationship to the Child	Complainant's Email
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Address <i>Street, City, State, ZIP</i> (Preferred Communication: Check One <input type="checkbox"/> Email <input type="checkbox"/> Physical Mail)	Daytime Telephone <i>Area/No.</i>
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Check One <i>Optional</i>	Check All That Apply <i>Optional</i>		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White	

Name of Child	Child's Date of Birth <i>Mo./Day/Yr.</i>	*Address of the Child's Residence <i>Street, City, State, Zip</i>
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School District of the Child's Residence	Name of School Child is Attending
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II. SIGNATURE

Signature of Complainant <i>Required</i>	Date Signed <i>Mo./Day/Yr.</i>
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III. DESCRIPTION OF COMPLAINT

Describe the nature of the problem the child is experiencing, including facts relating to the problem. State how the school district (or other public educational agency) violated state or federal special education law. Include the date when the violation occurred. Provide the facts that support the statement above. Use additional sheets or back if necessary.

IV. PROPOSED RESOLUTION

Describe your proposed resolution of the problem (to the extent known and available at this time). Use additional sheets or back if necessary.

*For Homeless children, provide contact information. (34 CFR § 300.153[b][4][iii]).