



INSTRUCTIONS: Complete three (3) copies. Retain one (1) copy for your records. Submit one (1) copy to the School District responsible for the child's education. Submit one (1) signed original to:

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

This form has been developed to assist parents in requesting a due process hearing. Provide all information requested. Failure to provide all information may result in a court reducing the amount of any attorneys' fees awarded. You will be contacted by the department regarding your hearing request.

FOR DPI USE		
Date Received <i>Mo./Day/Yr.</i>	Case No. Assigned	Due Date <i>Mo./Day/Yr.</i>

GENERAL INFORMATION		
Name of Party(ies) Requesting the Hearing	Relationship(s) to the Child	Requestor's Email Address
Address of Party(ies) Requesting the Hearing <i>Street, City, State, ZIP</i>		Daytime Telephone <i>Area/No.</i>

Check One <i>Optional</i>	Check All That Apply <i>Optional</i>
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American
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>	
School District of the Child's Residence	School District Where Child is Attending

SIGNATURE	
Signature of Party(ies) Requesting Hearing	Date Signed <i>Mo./Day/Yr.</i>
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DESCRIPTION OF COMPLAINT

Describe the nature of the problem the child is experiencing relating to the action proposed, including facts relating to the problem. State the specific reasons for requesting a hearing. Use additional sheets or back if necessary.

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

*For Homeless children, provide contact information [34 CFR 300.153 (b)(4)(iii); 300.508 (b)(4)]