

**West Virginia Department of Education
Office of Assessment and Accountability
Complaint Form**

Any interested person may file a complaint, including an individual or organization from out of state. This includes parents, students, if 18 years or older and school district employees. **The complaint must allege a violation(s) that occurred not more than one year prior to the date the complaint is received.**

Date _____

Part I: Complainant Information

Complainant's Name: _____
(Person/Agency Filing Complaint)

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Part II: Student Information

Student's Name _____
Last First Middle Name

Student's Date of Birth _____ Disability _____

Parent's Name _____
(if different from the complainant)

Parent's Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

School District _____ School Student Attends _____ Grade _____

Part III: Allegation Information (Use additional pages as needed.)

Statement of the violation(s): Provide an explanation of the law(s) or regulation(s) (Individuals with Disabilities Education Improvement Act (IDEA 2004), Policy 2419: *Regulations for the Education of Students with Exceptionalities*) that you believe the district has violated with regard to the student(s). (Please list each alleged violation individually.)

