

CNMI PUBLIC SCHOOL SYSTEM
SPECIAL EDUCATION PROGRAM
Filing a Complaint or Due Process Complaint

To: _____

Date: _____

From: _____

If **Complaint**, name of person or organization filing the complaint

If **Due Process Complaint**; Must be Parent or PSS Representative filing the complaint

The Purpose of this letter is to file a **Compliant** OR **Due Process Complaint**

<i>Name of Student:</i>	<i>DOB</i>
<i>School Attending if known:</i>	<i>Grade:</i>

Filing a Complaint: *A statement that the PSS or other public agency has violated a requirement of Part B of the IDEA or its regulations:*

The Facts on which your statement is based:

A description of the problem, including facts relating to the problem:

A proposed resolution of the problem to the extent known and available to you:

Filing a Due Process Complaint: *A description of the nature of the problem of the child relating to the proposed or refused action, including facts relating to the problem:*

<i>Phone Numbers where you can be reached:</i>	<i>Home/Cell Phone #</i>	<i>Work:</i>
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Home Residence and Mailing Address:

<i>Signature:</i>	<i>Relationship to the Student:</i>
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Received By: _____

Date: _____