

<b>Date Received by WDE</b>	<h1>Complaint</h1>

**Directions:** A copy of the **Request for Complaint Investigation** must be sent to the district or agency responsible for the child. Use of this form is optional. The signed original complaint must be sent to:

State Director of Special Education  
Wyoming Department of Education  
Individual Learning Division  
2300 Capitol Avenue  
Cheyenne, Wyoming 82002  
800-228-6194  
FAX: (307) 777-6234

<b>General Information</b>
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- Parents and other individuals or organizations may file a complaint alleging a violation of IDEA and corresponding federal regulations and Wyoming rules by completing this form and sending the completed form to WDE. (Use of this form is optional, but all information is required.)
- The complaint must allege a violation that occurred not more than one year prior to the date the complaint is received by the Wyoming Department of Education (WDE).

**1. INFORMATION ABOUT THE CHILD** (Necessary only if this Complaint is about a particular child.)

<b>Name of Child</b>		<b>DOB</b>	<b>Grade</b>	<b>School</b>
<b>Name(s) of Parent or Guardian</b>		<b>Name(s) of Parent or Guardian</b>		
<b>Address (City, State &amp; Zip)</b>		<b>Address (City, State &amp; Zip)</b>		
<b>Phone</b>	<b>Email</b>	<b>Phone</b>	<b>Email</b>	
<b>H:</b>		<b>H:</b>		
<b>W:</b>		<b>W:</b>		

**2. INFORMATION ABOUT THE DISTRICT OR AGENCY**

<b>Name of District or Agency &amp; Administrator</b>	<b>Telephone Number</b>

**3. COMPLAINT AND SUPPORTING FACTS**

Number and list each allegation separately. Describe the violation and the specific facts that relate to each violation. Provide the date of each violation. You may attach additional pages if necessary.

Allegations and Supporting Facts:	Date:
1.	
2.	
3.	
4.	
5.	

**4. PROPOSED SOLUTION**

Describe what you think needs to be done to correct the problem (if you know). You may attach additional pages if necessary.

Provide a proposed solution to the problem if known:

**5. MEDIATION**

The WDE will offer a parent who has filed a complaint and the public agency responsible for the child an opportunity to voluntarily engage in mediation in an effort to resolve the complaint.

Are you interested in mediation to attempt to resolve this complaint? YES NO

If yes, I understand that I will be contacted to arrange a date and time for mediation.

**6. SIGNATURES**

Signature and Title of the person(s) filing this Complaint:	Date:

**The person filing a Complaint must forward a copy of the complaint to the district or agency responsible for the child.**