



Formal Complaint Form

Use the Tab Key to move to each part of the form

Please describe the problem. *(If more space is needed, please use additional paper.)*



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Please describe the solution or the action you feel would resolve this problem. *(If more space is needed, please use additional paper.)*

Are you willing to participate in the mediation process to try to resolve your concerns?

(YES) / **(NO)**

For more information on the Mediation Process see www.gadoe.org or State Board Rule [160-4-7-.12 Dispute Resolution](#).

(Signature of Parent or Parent Representative)

(DATE)



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The School System will agree or will not agree to participate in mediation.		
_____ (Signature of School System Designee)		_____ (DATE)

According to State Board Rule 160-4-7-.12(1)(g)(2) <i>“The party filing the complaint must (emphasis added) forward a copy of the complaint to the LEA serving the child at the same time the party files the complaint with the State. The complaint should be forwarded to the Superintendent or the Special Education Director of the LEA.”</i>	
The School System received a copy of the Formal Complaint on _____ (DATE)	
_____ Signature of Initiating Party	

This form must be signed and submitted to the Georgia Department of Education and a copy to your local school system.	
Georgia Department of Education Division for Special Education Services & Supports 1870 Twin Towers East 205 Jesse Hill Jr. Drive Atlanta, GA 30334 eFAX: 770-344-4458 or 404-651-6457	
_____ Signature of Complainant	