

# Gifted Education Complaint Form

## Office for Exceptional Children

Attn: Gifted Services

### Complainant Information

|   |  |
|---|--|
| <b>Complainant Name:</b>  |  |
| <b>Position:</b><br><i>(Parent, Gifted Intervention Specialist, etc.)</i> |  |
| <b>Address:</b>   |  |
| <b>City, State, and Zip Code:</b>   |  |
| <b>Phone Number (Work):</b>   |  |
| <b>Phone Number (Home):</b>   |  |
| <b>Phone Number (Cell):</b>   |  |
| <b>Email Address:</b>   |  |

**Please Note:** *The school district will receive a copy of this complaint.*

## Complaint Information

|   |  |
|---|--|
| <b>Student's Name (if applicable):</b>  |  |
| <b>School district(s) alleged to be noncompliant:</b>   |  |
| <b>Building(s) alleged to be noncompliant:</b>  |  |
| <b>List the name(s) and title(s) of school officials you have made contact with in an effort to resolve these issues:</b> |  |

*I verify that the information and allegations contained within this complaint are true and accurate, to the best of my knowledge.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Complaint Submission

Please submit this form to the Ohio Department of Education, Office for Exceptional Children, by any one of the following means:

- (a) Email to: [gifted@education.ohio.gov](mailto:gifted@education.ohio.gov)
- (b) Fax to: (614) 728-1097, "Attn: Gifted Services"
- (c) Mail to: The Ohio Department of Education  
Office for Exceptional Children  
Attn: Gifted Services  
25 South Front Street  
4<sup>th</sup> Floor, Mail Stop 409  
Columbus, OH 43125

**On the following page(s), please describe the complaint issue(s). Use as much space as needed.**

**GIFTED EDUCATION COMPLAINT ISSUE #1**

**Date(s) of violation:**

**Description of the issue, including facts your complaint is based on:**

**Optional:** What could the district offer as a proposed resolution to the problem?  
(The Office for Exceptional Children will determine the final resolution and may consider the proposed resolution.)

**GIFTED EDUCATION COMPLAINT ISSUE #2**

**Date(s) of violation:**

**Description of the issue, including facts your complaint is based on:**

**Optional:** What could the district offer as a proposed resolution to the problem?  
(The Office for Exceptional Children will determine the final resolution and may consider the proposed resolution.)

**GIFTED EDUCATION COMPLAINT ISSUE #3**

**Date(s) of violation:**

**Description of the issue, including facts your complaint is based on:**

**Optional:** What could the district offer as a proposed resolution to the problem?  
(The Office for Exceptional Children will determine the final resolution and may consider the proposed resolution.)

**GIFTED EDUCATION COMPLAINT ISSUE #4**

**Date(s) of violation:**

**Description of the issue, including facts your complaint is based on:**

**Optional:** What could the district offer as a proposed resolution to the problem?  
(The Office for Exceptional Children will determine the final resolution and may consider the proposed resolution.)