Ohio Department of Education Office for Exceptional Children Complaint Form Gifted Services Section

Complainant Name:	
Child's name, if applicable:	
Complainant Position: (Parent, Gifted Intervention Specialist, etc.)	
Complainant Address:	
City, State, Zip Code:	
Complainant Contact Information	
Work:	
Home OR Cell Phone (Optional):	
Email Address:	
School District(s) Alleged to be Noncompliant:	
Building(s) Alleged to be Noncompliant:	
	Officials you have made contact with in an effort to resolve these

Please return this form by any one of the following:

- a) email to gifted@education.ohio.gov with "Complaint Form" as the subject
- b) fax to 614-728-1097, "Attn: Gifted Services"
- c) mail to: Gifted Services, Office for Exceptional Children, Ohio Department of Education, 25 S. Front St., Mail Stop 409, Columbus, OH 43215

Please note: The district will be provided with a copy of this complaint.

On the following page(s), please describe the complaint(s).

Please describe the complaint issue(s) below. Use as much space as you need.

<u>ISSUE # 1</u>

Date(s) of violation:	
A description of the problem, including facts your complaint is based on:	
Optional: What could the district resolution will be taken into const Office for Exceptional Children.)	ct offer as a proposed resolution to the problem? (The proposed sideration; however, the final resolution will be determined by the

ISSUE # 2

Date(s) of violation:		
A description of the problem, including facts relating to the problem:		
Optional: What could the district offer as a proposed resolution to the problem? (The proposed resolution will be taken into consideration; however, the final resolution will be determined by the Office for Exceptional Children.)		

ISSUE #3

Date(s) of violation:		
A description of the problem, including facts relating to the problem:		
Optional: What could the district offer as a proposed resolution to the problem? (The proposed resolution will be taken into consideration; however, the final resolution will be determined by the Office for Exceptional Children.)		

ISSUE #4

Date(s) of violation:		
A description of the problem, including facts relating to the problem:		
Optional: What could the district offer as a proposed resolution to the problem? (The proposed resolution will be taken into consideration; however, the final resolution will be determined by the Office for Exceptional Children.)		