



Rhode Island Department of Elementary & Secondary Education  
**Model Form to Assist Parents/Guardians or Public Agencies in Requesting**  
**A Special Education Impartial Due Process Hearing**  
 (Revised 7/2019)

This form assists you in providing the information needed for requesting a special education impartial due process hearing on a matter related to the identification, evaluation, educational placement/services, or provision of a free, appropriate public education of a child with a disability under the Individuals with Disabilities Education Act (IDEA). It is recommended that this due process complaint action is used only after the parties have attempted other remedies such as informal, local resolution, mediation, or written special education state complaint, as applicable. Special Education dispute resolution processes are explained on the Department's website at: <http://www.ride.ri.gov/StudentsFamilies/SpecialEducation/WhenSchoolsandFamiliesDoNotAgree.aspx>

Assistance with this form is available from the Office of Student, Community and Academic Supports Call Center at (401) 222-8999 or Kerri Sorensen at (401) 222-8341.

Child's Information	Child's Name:	Date of Birth:
	Address where the child lives:	School & Grade Level that the child attends:
	Street	
	City	City/Town where the school is located:
	State, Zip	City or Town
Parent(s)/Guardian(s) Information	Parent(s) or Guardian(s) Name(s):	Parent(s) Phone/Contact Number(s):
	Mailing Address (if different than child's)	Language used for printed material:
		Language preferred for spoken conversation:
	(Street, City, State, Zip)	

(Please use an additional page for the following, as needed.)

Allegation(s)	Please state the nature of the problem of the child, relating to the proposed or refused initiation or change of the child's identification, evaluation, educational placements or provision of free, appropriate public education:
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Facts	Please describe the facts related to the problem:
Proposed Resolution	To the extent known, what would resolve the problem?

ATTORNEYS OF RECORD, IF KNOWN:

For the Parent(s):

For the public agency:

PARTY FILING DUE PROCESS COMPLAINT:

NAME (Print): \_\_\_\_\_ TELEPHONE/CELL/FAX: \_\_\_\_\_

ADDRESS:

Street

City/Town

State Zip Code

**VERIFICATION** THAT A COPY OF THIS DUE PROCESS COMPLAINT/HEARING REQUEST IS BEING FORWARDED TO THE OTHER PARTY TO THIS COMPLAINT (PARENT OR SCHOOL SUPERINTENDENT) (Circle one) Yes No

SIGNATURE:

DATE:

Please submit this completed form, or all information contained within, to: Dispute Resolution, Suite 500, Office of Student, Community and Academic Supports, RI Dept. of Education, 255 Westminster Street, Providence, RI 02903.