

# Complaint Form

Please feel free to make copies of this form, use additional paper, or call the ConsultLine at 1-800-879-2301 or the Bureau of Special Education (BSE) at 717-783-6913 for additional copies.

My preferred method of contact by the Adviser assigned to this complaint would be:

- By phone (Number) \_\_\_\_\_  
Best time during normal business hours to call \_\_\_\_\_.
- In person at a public facility during normal business hours. The location would probably be a school or Intermediate Unit building to permit duplication of documents.

Are you filing this complaint on behalf of a specific child? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide your contact information, relationship to child, and signature.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Work Cell

Relationship to child or children:

Parent Attorney Advocate Other

\_\_\_\_\_  
Signature Date

**\*NOTE: THIS MUST BE SIGNED FOR BSE TO INVESTIGATE.**

The name and address of the residence of the child, school, and school district.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Is the child currently in school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where is the child's current program?

School/School District: \_\_\_\_\_

Complete only if the complaint is filed on behalf of a homeless child or youth.

\_\_\_\_\_

Contact Person

\_\_\_\_\_

Telephone Number

Did the violation occur within the past year? If so, on or about what date?

\_\_\_\_\_

Date

To clarify my allegations, I would like the Adviser to interview the following person(s).

Name	Occupation/Title	Phone Number/E-Mail Address

Please provide a statement about the violation or issue, which you believe has occurred. Please include a description about the nature of the problem.

Please list the facts that support your statement.

To the best of your knowledge, please suggest a solution to this problem.

You must send a copy of this complaint to the LEA. By signing below, you indicate to BSE that you have provided a copy of the complaint to the LEA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return form to: PDE/BSE, Division of Compliance Monitoring and Planning, 333  
Market Street, 7<sup>th</sup> Floor, Harrisburg, PA 17126-0333**

**ConsultLine - CRP**

\_\_\_\_\_  
**Initials**

\_\_\_\_\_  
**Date**