

**Florida Department of Education
Bureau of Exceptional Education and Student Services**

This form is to be used for filing a formal state complaint with the Florida Department of Education, when alleging that the school district has violated the educational rights of a student with a disability, under the Individuals with Disabilities Education Act (IDEA 2004) and corresponding state requirements. This form is also used for filing a state complaint for a violation of the educational rights of students who are gifted, according to state requirements. Provision of all information is requested. Failure to provide information may delay the complaint investigation.

Date: [Click here to enter a date.](#)

Name of Individual or Organization Filing the Complaint: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _ _ _ Cell #: _ _ _ Work #: _ _ _

Email Address: _____

Check here to receive correspondence via email.

By checking this box, you are giving the bureau permission to send all correspondence and reports by electronic mail to the email address identified above. All electronic mail will be sent password protected.

Best Time to Reach you During the Day: _____

Student's Name: _____

Student's Street Address: _____

City: _____ State: _____ Zip Code: _____

Student's Age: _____ Student's Grade: _____

Student's Exceptionality: _____

Your Relationship to the Student: _____

School Name: _____

School District: _____

State Complaint:

- I am alleging that _____ school district, has violated federal or state requirements regarding the education of a student with a disability or a gifted student.
- I understand I must include the facts that support my allegation(s).
- I also understand that the complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received by the Bureau.

These are the facts that lead me to believe that there has been a violation of exceptional student education laws.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

This is the remedy or suggested solution I think would resolve this problem.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Check here if you have included any attachments.

I understand I will be contacted by the bureau staff assigned to my case to:

- Advise me of my rights to alternative resolution activities such as early resolution or mediation
- Clarify and review my complaint facts
- Request submission of additional information or documentation to support my statement (if needed)

Signature of Complainant Date Click here to enter a date.

Please forward this complaint form to your
exceptional student education (ESE) school district office

AND

via email, fax or mail to the
Bureau of Exceptional Education and Student Services:

Email: BEESScomplaints@fldoe.org

Fax: 850-245-0953

Mail: Leanne Grillot, Senior Educational Program Director
Florida Department of Education
Bureau of Exceptional Education and Student Services
325 West Gaines Street, Suite 614
Tallahassee, FL 32399-0400

Please call 850-245-0475 if you have any questions.