## MISSOURI FIRST STEPS CHILD COMPLAINT MODEL FORM



## **INSTRUCTIONS**

If any person believes the Missouri Department of Elementary and Secondary Education (DESE), a System Point of Entry (SPOE) agency or a provider has violated any state or federal regulation implementing Part C of the Individuals with Disabilities Education Act (IDEA) within the past year, a signed, written child complaint may be filed with DESE. This form may be used when filing a Child Complaint. A copy of the complaint must be sent to DESE, the SPOE or provider of whom the complaint is being filed against at the same time the complaint is filed with DESE.

Missouri Department of Elementary and Secondary Education Mail completed form to:

Office of Special Education

Attention: First Steps Compliance

P.O. Box 480

Jefferson City, MO 65102-0480

Office of Special Education business hours are Monday-Friday

			8:00 AM – 4:30 PM		
Or fax to:	573-526-4404 Attention: First Steps Compliance				
PERSON FILING COMPLAINT					
NAME			RELATIONSHIP TO CHILD		
ADDRESS/CITY/STATE/ZIP					
ADDRESS/CITT/STATE/ZIP					
HOME PHONE NUMBER		OTHER PHONE NUMBER	EMAIL	ADDRESS	
CHILD INFORMATION					
CHILD NAME					
ADDRESS/CITY/STATE/ZIP					
COMPLAINT INFORMATION					
This complaint is against: (check one)					
☐ The Department					
□ SPOE/Service Coordinator Name:					
☐ Provider Name:					
The agency/provider indicated above has violated state and federal regulations implementing Part C of the IDEA in the following area(s):					
☐ Evaluation	☐ Fam	☐ Family Cost Participation Fee			
☐ Eligibility	☐ Confidentiality/Access to Records				
☐ Services	Other, explain:				
□ IFSP					
DESCRIPTION OF THE PROBLEM, INCLUDING FACTS RELATING TO THE PROBLEM (ADDITIONAL PAGES MAY BE ATTACHED)					
PROPOSED SOLUTION TO THE PROBLEM, IF KNOWN: (ADDITIONAL PAGES MAY BE ATTACHED)					
SIGNATURE OF PERSON FILING COMPLAINT				DATE	