



STATE COMPLAINT MODEL FORM

America Samoa Department of Education

Purpose

This model form may be used by a parent, any individual, or an organization to file a state complaint when they believe a public agency (including any public school and/or the ASDOE) has violated the requirements of special education programs and services under the Individuals with Disabilities Education Act (IDEA). The use of this form is not required to file a state complaint and is provided as an option to assist in filing a state complaint.

Instructions

The complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received. The ASDOE, Special Education Division is only authorized to investigate allegations regarding special education. Examples of allegations ASDOE cannot investigate include allegations of abuse, neglect, discrimination, retaliation, harassment, civil rights violations, employment matters, matters pertaining to Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act (ADA)*.

If you choose to use this form, complete it and deliver by mail, electronically (email), or hand-deliver it to the ASDOE, Special Education Division. Contact information for the ASDOE Special Education Division is located at the end of this form.

Note: The * indicates required information.

Complainant Contact Information

*Full Name:		
Email:	Phone Number:	
*Address:		
*City:	*State:	*Zip Code:

Student Information (*Only required for alleged violations regarding a specific student.)

*Full Name:	Age:	Date of Birth:
*Address:		Grade:
*City:	*State:	*Zip Code:
*Name of the school the student attends:		

Public Agency the State Complaint is Filed Against

Name of Public Agency:

Statement of Complaint

Describe the problem or issue(s) below. If alleging a violation with respect to a specific student, include a description of the problem.

*Statement of Facts

Provide facts to support the statement of the alleged violation(s). Describe the relevant events, including dates, and documents that support the alleged violations.

Proposed Resolution (*Only required for alleged violations regarding a specific student.)

To the extent known, describe a proposal or suggestion to resolve the alleged violations.

Submit State Complaint

The state complaint must be signed and submitted to the ASDOE Special Education Division via mail, hand delivery, or electronically (fax, email). A copy of this state complaint must also be sent to the public agency serving the child.

*Signature:	
Printed Name:	
Date:	

ASDOE Special Education Division Contact Information

<p>ASDOE Contact: Leilani Maifea, Compliance Officer</p> <p>Address: ASDOE Special Education Division Fagaalu, American Samoa 96799</p> <p>Phone Number: 684-633-1323 or 684-633-4789</p> <p>Email: asdoe.speddr@doe.as</p>
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Release of Information Model Form

Student Information

Student Name:	Date of Birth:
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Parent/Guardian Information

Name:
Relationship:
Phone Number:
Email Address:

Complainant Information

Agency Name (if applicable):
Complainant Name:

Consent for Release

Regarding the state complaint filed on behalf of the aforementioned student, I give permission for the following:

1. The ASDOE may send state complaint communications to the complainant, including but not limited to, the issues letter and final decision.
2. The ASDOE may communicate with the complainant via verbal or written communication.
3. The complainant may provide the ASDOE with student education records or any other records relevant to the state complaint.

Copies of Correspondence

If you wish to receive copies of all letters and reports sent to the complainant regarding the state complaint, please provide a current address.

Parent Name:

Street Address:	
City:	State:
Zip Code:	
Parent Signature	Date

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