

**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.

Mail completed form to: Missouri Department of Elementary and Secondary Education  
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		
HOME PHONE NUMBER	OTHER PHONE NUMBER	EMAIL ADDRESS

**CHILD INFORMATION**

CHILD NAME

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ADDRESS/CITY/STATE/ZIP

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**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):

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Evaluation  | <input type="checkbox"/> Family Cost Participation Fee     |
| <input type="checkbox"/> Eligibility | <input type="checkbox"/> Confidentiality/Access to Records |
| <input type="checkbox"/> Services    | <input type="checkbox"/> Other, explain: _____             |
| <input type="checkbox"/> IFSP        |  |

DESCRIPTION OF THE PROBLEM, INCLUDING FACTS RELATING TO THE PROBLEM (ADDITIONAL PAGES MAY BE ATTACHED)

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PROPOSED SOLUTION TO THE PROBLEM, IF KNOWN: (ADDITIONAL PAGES MAY BE ATTACHED)

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SIGNATURE OF PERSON FILING COMPLAINT	DATE
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